

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90206 032 ****61.25

DOCUMENT # 790765

1. Entity Name

NASSAU COUNTY FARM BUREAU LAA



Principal Place of Business

**PO DRAWER B
511 N. KINGS ROAD
CALLAHAN FL 32011**

Mailing Address

**PO DRAWER B
511 N. KINGS ROAD
CALLAHAN FL 32011**

2. Principal Place of Business

PO Box 5007

Suite, Apt. #, etc.

542560 US Highway 1

City & State

Callahan FL 32011

Zip

32011

Country

USA

3. Mailing Address

PO Box 5007

Suite, Apt. #, etc.

542560 US Hwy 1

City & State

Callahan FL

Zip

32011

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6177730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTHA LYNN
RT 2 BOX 70
CALLAHAN, FL
CALLAHAN FL 32011**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Mark A. G. G. G.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LYNN, MARTHA**
STREET ADDRESS **RT 2 BOX 70**
CITY-ST-ZIP **CALLAHAN FL**

TITLE **VP** ☐ Delete
NAME **TERRELL, JAMES**
STREET ADDRESS **RT 2, BOX 630**
CITY-ST-ZIP **CALLAHAN FL**

TITLE **S** ☐ Delete
NAME **LAWRENCE, ROBERT**
STREET ADDRESS **8561 W 4TH AVE**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **T** ☐ Delete
NAME **CUNNINGHAM, JAMES SR**
STREET ADDRESS **RT 2 BOX 425**
CITY-ST-ZIP **HILLIARD FL**

TITLE **D** ☐ Delete
NAME **QUARRIER, GIL**
STREET ADDRESS **RT 4 BOX 1068**
CITY-ST-ZIP **CALLAHAN FL**

TITLE **D** ☐ Delete
NAME **ROBERTS, SHERRELL**
STREET ADDRESS **HC 1 BOX 390G**
CITY-ST-ZIP **BRYCEVILLE FL 32009**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHERRELL ROBERTS

CR2E037 (10/02)