

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90027 016 ****61.25

DOCUMENT # 790770					
1. Entity Name DUVAL COUNTY FARM BUREAU LAA					
Principal Place of Business 5542 DUNN AVENUE JACKSONVILLE FL 32218			Mailing Address 5542 DUNN AVENUE JACKSONVILLE FL 32218		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0936100	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOWDY, DALTON 11250 BRIDGES ROAD JACKSONVILLE FL 32218			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN ALVAREZ			NAME	
STREET ADDRESS	13923 DUVAL RD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 FL 32218			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADDOCK, TOM			NAME	
STREET ADDRESS	1628 S. FLETCHER AVE.			STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBOROUGH, WAYNE			NAME	
STREET ADDRESS	P.O. BOX 239			STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL 32009			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CURTIS E.			NAME	
STREET ADDRESS	5542 DUNN AVE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000			CITY-ST-ZIP	
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, ELWOOD			NAME	
STREET ADDRESS	5542 DUNN AVE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, LOUIS V.			NAME	
STREET ADDRESS	5542 DUNN AVE.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL			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: *Dalton Dowdy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29th Jan 04 904 768 4836
Date Daytime Phone #