

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

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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

Zip

Country

Zip

Country

4. FEI Number

59-0936100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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
Due By May 1, 2004

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 DT ☐ Delete
NAME WARREN ALVAREZ
STREET ADDRESS 13923 DUVAL RD
CITY-ST-ZIP JACKSONVILLE, FL 00000 FL 32218

TITLE VP ☐ Delete
NAME BRADDOCK, TOM
STREET ADDRESS 1628 S. FLETCHER AVE.
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE DT ☐ Delete
NAME SCARBOROUGH, WAYNE
STREET ADDRESS P.O. BOX 239
CITY-ST-ZIP BRYCEVILLE FL 32009

TITLE DT ☐ Delete
NAME MOORE, CURTIS E.
STREET ADDRESS 5542 DUNN AVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE DT ☒ Delete
NAME GEIGER, ELWOOD
STREET ADDRESS 5542 DUNN AVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ST ☐ Delete
NAME CLARK, LOUIS V.
STREET ADDRESS 5542 DUNN AVE.
CITY-ST-ZIP JACKSONVILLE FL

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29th Jan 04 904 768 4836
Date Daytime Phone #