2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State
01-10-2005 90043 015 ****61.25

DOCUMENT # 790770

1. Entity Name
DUVAL COUNTY FARM BUREAU LAA

Principal Place of Business	Mailing Address
5542 DUNN AVENUE JACKSONVILLE, FL 32218	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

01072005 Chg-NP CR2E037 (10/03)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WARREN ALVAREZ 13923 DUVAL RD JACKSONVILLE, FL 00000, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JOE FORSHEE 11864 DUVAL ROAD JACKSONVILLE, FL. 32218	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRADDOCK, TOM 1628 S. FLETCHER AVE. FERNANDINA BEACH, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROTERT BOWIE 6721 BOWIE ROAD JACKSONVILLE, FL. 32219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCARBOROUGH, WAYNE P.O. BOX 239 BRYCEVILLE, FL 32009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FRANK HIPPS 6502 SHINDLER ROAD JACKSONVILLE, FL. 32222	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MOORE, CURTIS E. 5542 DUNN AVE JACKSONVILLE, FL 00000.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROBIN BOWIE 6620 BOWIE ROAD JACKSONVILLE, FL. 32219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CLARK, LOUIS V. 5542 DUNN AVE. JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROBERT ASSAF 15860 SAWPIT ROAD JACKSONVILLE, FL. 32226	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HAROLD JONES 1681 HIDDEN FOREST LANE JACKSONVILLE, FL. 32225	☐ Change ☒ Addition

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 attached sheet, with an address, with other than empowered.

SIGNATURE: Louis V. Clark 1/27/05 904 768 4836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNEE OR DIRECTOR — Date — Daytime Phone #