

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 790770

FILED  
Oct 06, 2006  
Secretary of State

Entity Name: DUVAL COUNTY FARM BUREAU LAA

**Current Principal Place of Business:**

5542 DUNN AVENUE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

5542 DUNN AVENUE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 59-0936100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DOWDY, DALTON  
11250 BRIDGES ROAD  
JACKSONVILLE, FL 32218      US

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.

SIGNATURE: DALTON DOWDY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: WARREN ALVAREZ,  
Address: 13923 DUVAL RD  
City-St-Zip: JACKSONVILLE, FL 00000, FL 32218

Title: VP ( ) Delete  
Name: BRADDOCK, TOM  
Address: 1628 S. FLETCHER AVE.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DT ( ) Delete  
Name: SCARBOROUGH, WAYNE  
Address: P.O. BOX 239  
City-St-Zip: BRYCEVILLE, FL 32009

Title: DT ( ) Delete  
Name: MOORE, CURTIS E.,  
Address: 5542 DUNN AVE  
City-St-Zip: JACKSONVILLE, FL 00000,

Title: ST ( ) Delete  
Name: CLARK, LOUIS V.,  
Address: 5542 DUNN AVE.  
City-St-Zip: JACKSONVILLE, FL

Title: DT ( ) Delete  
Name: FORSHEE, JOE  
Address: 11864 DUVAL ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: HAROLD JONES,  
Address: 49/4 HIDDEN FOREST LN  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN ALVAREZ

DT

10/06/2006

Electronic Signature of Signing Officer or Director

Date