## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT# 790770**

FILED Oct 12, 2007 Secretary of State

Entity Name: DUVAL COUNTY FARM BUREAU LAA

| Current Principal Place of Business:        |   |                                  | New Principal Plac                          | New Principal Place of Business:         |  |
|---|---|----------------------------------|---|--|--|
|   | IN AVENUE<br>IVILLE, FL 32:                         | 218                              |   |  |  |
| Current Mailing Address:                    |   |                                  | New Mailing Address:                        |  |  |
|   | IN AVENUE<br>IVILLE, FL 32:                         | 218                              |   |  |  |
| FEI Number                                  | : 59-0936100  | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )        |  |
| Name and                                    | d Address of (                                      | Current Registered Agent:        | Name and Address                            | s of New Registered Agent:               |  |
|   | DALTON<br>IDGES ROAD<br>IVILLE, FL 32:              | 218 US                           |   |  |  |
|   | e named entity<br>e of Florida.                     | submits this statement for the p | ourpose of changing its registe             | red office or registered agent, or both, |  |
| SIGNATU                                     | RE: DALTON  | I DOWDY                          |   |  |  |
|   | Electro   | nic Signature of Registered Age  | ent   | Date                                     |  |
| OFFICER                                     | S AND DIREC   | CTORS:                           | ADDITIONS/CHAN                              | GES TO OFFICERS AND DIRECTORS            |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | WARREN ALV<br>13923 DUVAL                           |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | BRADDOCK, T<br>1628 S. FLETO                        |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DT (<br>SCARBOROUG<br>P.O. BOX 239<br>BRYCEVILLE,   |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DT (<br>MOORE, CUR'<br>5542 DUNN AV<br>JACKSONVILL  | /E                               | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | ST (<br>HAROLD JONE<br>49/4 HIDDEN F<br>JACKSONVILL | FOREST LN                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DT (<br>FORSHEE, JO<br>11864 DUVAL<br>JACKSONVILL   | ROAD                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                    |  |

I hereby certify that the information supplied with this filing does not qualify 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: DALTON DOWDY PRES 10/12/2007