

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790770

FILED
Apr 29, 2008
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 ()

Name and Address of Current Registered Agent:

DOWDY, DALTON
11250 BRIDGES ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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:

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: HAROLD JONES,
Address: 49/4 HIDDEN FOREST LN
City-St-Zip: JACKSONVILLE, FL 32225

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

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

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

04/29/2008

Electronic Signature of Signing Officer or Director

Date