


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 790786</b>		
1. Entity Name OKEECHOBEE COUNTY FARM BUREAU LAA		
Principal Place of Business 401 N.W. 4TH ST. OKEECHOBEE, FL 34972 US	Mailing Address 401 N.W. 4TH ST. OKEECHOBEE, FL 34972 US	



04252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1102390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  RAULERSON, DAVID E JR 12900 NW 144TH TRAIL OKEECHOBEE, FL 34972
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**DO NOT WRITE  
IN THIS SPACE**

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)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

DATE  
04/29/05-80125-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNHAM, RANDY L 1982 NE 54TH TRL. OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUCKS, HANK 22400 NW 144TH AVE. OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, STEVE 6314 NW 30TH ST OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAULERSON, DAVID E JR 12900 NW 144TH TRAIL OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, J.C. 16205 HWY 98 NORTH OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Steve Rogers **Steve A Rogers** 4-26-05 863-763310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #