


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 790786 1. Entity Name OKEECHOBEE COUNTY FARM BUREAU LAA	
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Principal Place of Business 401 N.W. 4TH ST. OKEECHOBEE, FL 34972 US	Mailing Address 401 N.W. 4TH ST. OKEECHOBEE, FL 34972 US
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

RUCKS, HANK
2784 NE 62ND PKWY
OKEECHOBEE, FL 34972

**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 reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNHAM, RANDY L 1982 NE 54TH TRL. OKEECHOBEE, FL 34972
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUCKS, HANK 2784 NE 62ND PKWY OKEECHOBEE, FL 34972
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITEHURST, ROY O 811 SE 13TH ST OKEECHOBEE, FL 34974
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAULERSON, DAVID E JR 12900 NW 144TH TRAIL OKEECHOBEE, FL 34972
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAZELLIEF, DAVID E 1200 S PARROTT AVE OKEECHOBEE, FL 34974
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/02/08-80093-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07

Date

863-763-3101

Daytime Phone #