


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90105 009 ****61.25

DOCUMENT # 790786

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOREE, JAMES E JR.
121 S.E. 17TH STREET
OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

Name
David E Raulerson Jr

Street Address (P.O. Box Number is Not Acceptable)
12900 NW 144th Trail

City
Okeechobee

State
FL

Zip Code
34972

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: *David E Raulerson Jr* (NOTE: Registered Agent signature required when reinstating)

DATE: **4/11/03**

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOREE, JAMES E JR.	
STREET ADDRESS	121 SE 17TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURNHAM, RANDY L	
STREET ADDRESS	1982 NE 54TH TRAIL	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGERS, STEVE	
STREET ADDRESS	6314 NW 30TH ST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAULERSON, DAVID E JR	
STREET ADDRESS	12900 NW 144TH TRAIL	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, J.C.	
STREET ADDRESS	16205 HWY 98 NORTH	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rucks Hank	
STREET ADDRESS	22400 NW 144th Ave	
CITY-ST-ZIP	Okeechobee FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raulerson David E Jr	
STREET ADDRESS	12900 NW 144th Trail	
CITY-ST-ZIP	Okeechobee FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David E Raulerson Jr* (NOTE: Registered Agent signature required when reinstating)

DATE: **4/11/03** **863-763-3101**

CR2E037 (10/02)