

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90022 036 ****61.25

DOCUMENT # 790796

1. Entity Name

BAY COUNTY FARM BUREAU LAA



Principal Place of Business

**303 MOSLEY DRIVE
LYNN HAVEN FL 32444
US**

Mailing Address

**P.O. BOX 726
PANAMA CITY FL 32402**

2. Principal Place of Business

3. Mailing Address

P.O. Box 368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

Zip

Country

32444

BAY

4. FEI Number

59-6177716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAUPHIN, JAMES M
1538 PRIMROSE LANE
PANAMA CITY FL 32404**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **VD** ☐ Delete
NAME **PITTS, DAVID**
STREET ADDRESS **1141 TRANSMITTER RD**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **SD** ☐ Delete
NAME **TAYLOR, JOHN**
STREET ADDRESS **1832 E 12TH ST**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **TD** ☐ Delete
NAME **DAUPHIN, MILDON**
STREET ADDRESS **1538 PRIMROSE LN**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **PD** ☐ Delete
NAME **MCADAMS, GEORGE**
STREET ADDRESS **2212 WASHINGTON ST**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Mildon Dauphin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-04

850 871 3072