


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 790796</b> 1. Entity Name BAY COUNTY FARM BUREAU LAA	
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Principal Place of Business 303 MOSLEY DRIVE LYNN HAVEN, FL 32444 US	Mailing Address P.O. BOX 368 LYNN HAVEN, FL 32444
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**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6177716	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  DAUPHIN, JAMES M 1538 PRIMROSE LANE PANAMA CITY, FL 32404
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PITTS, DAVID 1141 TRANSMITTER RD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, JOHN 1832 E 12TH ST LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAUPHIN, MILDON 1538 PRIMROSE LN PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCADAMS, GEORGE 2212 WASHINGTON ST LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000235901  
02/19/05-80023-023 61.25

**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: <u>James M Dauphin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	TD	2-8-05	850 871 3072
		Date	Daytime Phone #