

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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 368
LYNN HAVEN, FL 32444**



01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6177716	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

**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 reissuing)

DATE
000000490706

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

04/18/06-80067-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PITTS, DAVID 1141 TRANSMITTER RD PANAMA CITY, FL 32401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO TAYLOR, JOHN 1832 E 12TH ST LYNN HAVEN, FL 32444
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAUPHIN, MILDON 1538 PRIMROSE LN PANAMA CITY, FL 32404
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCADAMS, GEORGE 2212 WASHINGTON ST LYNN HAVEN, FL 32444
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildon Dauphin

3-28-06

DATE

8508713072

DAYTIME PHONE #