


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90018 002 \*\*\*\*61.25

<b>DOCUMENT # 790796</b> 1. Entity Name <b>BAY COUNTY FARM BUREAU LAA</b>					
Principal Place of Business <b>303 MOSLEY DRIVE LYNN HAVEN FL 32444 US</b>				Mailing Address <b>P.O. BOX 368 LYNN HAVEN FL 32444</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6177716</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DAUPHIN, JAMES M 11835 OLD BICYCLE RD PANAMA CITY FL 32404</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code         </div>		
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. (NOTE: Registered Agent signature required when resigning)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>STD DAUPHIN, JOHN 111835 OLD BICYCLE RD PANAMA CITY FL 32404</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>Dauphin, James M</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D TAYLOR, JOHN 1832 E 12TH ST LYNN HAVEN FL 32444</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VD MASHBURN, ARTHUR 4600 PARK BLVD PANAMA CITY FL 32404</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD MCADAMS, GEORGE 2212 WASHINGTON ST LYNN HAVEN FL 32444</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D AUBREY, GILBERT 3130 N EAST AVE PANAMA CITY FL 32405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>Gilbert, Aubrey</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D TRAPPE, BESSIE R 401 W 19TH ST APT 3306 PANAMA CITY FL 32405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>901 W. 19th St Apt 3306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <u>James M Dauphin STD</u> <b>JAMES M DAUPHIN</b> <u>2-18-08</u> <u>8508713072</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small>      <small>Daytime Phone #</small> </div>					

ATTACHMENT

40038049

DOCUMENT # 790796

BAY COUNTY FARM BUREAU LAA

ADDITIONS TO #10

Title: D  
Name: White, Susan  
Street Address: 14311 Allanton Road  
City, St. Zip: Panama City, Fl. 32404

Title: D  
Name: Plenge, Renc  
Street Address: 9113 Indian Bluff Rd  
City, St. Zip: Youngstown, Fl. 32466