

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790796

FILED
Jan 26, 2009
Secretary of State

Entity Name: BAY COUNTY FARM BUREAU LAA

Current Principal Place of Business:

303 MOSLEY DRIVE
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 368
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-6177716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAUPHIN, JAMES M
11835 OLD BICYCLE RD
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DAUPHIN, JAMES M
Address: 111835 OLD BICYCLE RD
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: TAYLOR, JOHN
Address: 1832 E 12TH ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: MASHBURN, ARTHUR
Address: 4600 PARK BLVD
City-St-Zip: PANAMA CITY, FL 32404

Title: PD () Delete
Name: MCADAMS, GEORGE
Address: 2212 WASHINGTON ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: AUBREY, GILBERT
Address: 3130 N EAST AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: TRAPPE, BESSIE R
Address: 901 W. 19TH ST APT 3306
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAUPHIN, JAMES M
Address: 111835 OLD BICYCLE RD
City-St-Zip: PANAMA CITY, FL 32404

Title: STD (X) Change () Addition
Name: TAYLOR, JOHN
Address: 1832 E 12TH ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCADAMS, GEORGE
Address: 2212 WASHINGTON ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change () Addition
Name: GILBERT, AUBREY
Address: 3130 N EAST AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M DAUPHIN

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date