

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90143 025 \*\*\*\*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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6177716**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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**

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	PD	WRIGHT, JIMMY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10517 VALENTINE RD SOUTH	TALLAHASSEE FL 32317	
CITY-ST-ZIP			
TITLE	VD	WRIGHT, JIMMY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	307 FLOYD DRIVE	LYNN HAVEN FL 32444	
CITY-ST-ZIP			
TITLE	SD	PETTY, FRED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P O BOX 628	FOUNTAIN FL 32438	
CITY-ST-ZIP			
TITLE	TD	DAUPHIN, MILDON	<input type="checkbox"/> Delete
STREET ADDRESS	1538 PRIMROSE LN	PANAMA CITY FL 32404	
CITY-ST-ZIP			
TITLE	DV	MCADAMS, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	2212 WASHINGTON ST	LYNN HAVEN FL 32444	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID PITTS	
STREET ADDRESS	1141 TRANSMITTER RD.	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN TAYLOR	
STREET ADDRESS	1832 E. 12TH ST.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCADAMS, GEORGE	
STREET ADDRESS	2212 WASHINGTON ST.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*James M Dauphin*  
**JAMES M DAUPHIN**

**APRIL 30 03 8508713072**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)