

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 790808

1. Entity Name

SANTA ROSA COUNTY FARM BUREAU, LAA



Principal Place of Business

4035 HWY 4
JAY, FL 32565 US

Mailing Address

PO BOX490
JAX, FL 32565 US



04272004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-0785943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, JERRY
10470 HWY 87 N.
MILTON, FL 32570

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000141827
04/30/04-80026-019 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLINN, AUDRA 640 JIMMY LEWIS ROAD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLINN, SHANNON 640 JIMMY LEWIS ROAD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JERRY RT 3 BOX 97 HWY 89 N/A MILTOB, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GODWIN, BRUCE P.O. BOX 184 JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWRY, H H III 3701 HAZEL GODWIN RD JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIAMOND, MICKEY 2517 CAMORS ROAD JAY, FL 32565

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 8806254872