


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90159 014 \*\*\*\*61.65

<b>DOCUMENT # 790808</b> 1. Entity Name <b>SANTA ROSA COUNTY FARM BUREAU, LAA</b>			
Principal Place of Business <b>4035 HWY 4 JAY FL 32565 US</b>		Mailing Address <b>PO BOX 490 JAX FL 32565 US</b>	
2. Principal Place of Business <b>4035 Hwy 4</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 490</b> Suite, Apt. #, etc.	
City & State <b>Jay FL</b> Zip <b>32565</b> Country		City & State <b>Jay FL</b> Zip <b>32565</b> Country	
4. FEI Number <b>59-0785943</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, JERRY 10470 HWY 87 N. MILTON FL 32570</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D FLINN, AUDRA 640 JIMMY LEWIS ROAD MILTON FL 32570	TITLE	V. Pres Alan Edwards 2108 Mineral Spg Rd Jay FL 32565
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D FLINN, SHANNON 640 JIMMY LEWIS ROAD MILTON FL 32570	TITLE	Dir Debbie Godwin PO Box 184 Jay FL 32565
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P DAVIS, JERRY RT 3 BOX 97 HWY 89 N/A MILTOB FL	TITLE	Dir Lewis J Smith 3015 Hickory Hollow Ln Jay FL 32565
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DS GODWIN, BRUCE P.O. BOX 184 JAY FL 32565	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D LOWRY, H H III 3701 HAZEL GODWIN RD JAY FL	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT DIAMOND, MICKEY 2517 CAMORS ROAD JAY FL 32565	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/11/05 8806254522 Daytime Phone #