


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 008 ****70.00

DOCUMENT # 790808 1. Entity Name SANTA ROSA COUNTY FARM BUREAU, LAA	
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Principal Place of Business 4035 HWY 4 JAY FL 32565 US	Mailing Address PO BOX490 JAX FL 32565 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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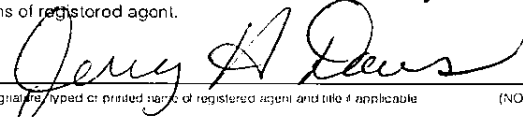


1st MOORE CR2E037 (10/06)

4. FEI Number 59-0785943	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, JERRY 10470 HWY 87 N. MILTON FL 32570	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 	DATE 4/3/07

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D FLINN, AUDRA 640 JIMMY LEWIS ROAD MILTON FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Lewis J Smith 3095 Hickory Hollow Ln Jax, FL 32565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D FLINN, SHANNON 640 JIMMY LEWIS ROAD MILTON FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Debbie Godwin PO Box 184 Jax, FL 32565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P DAVIS, JERRY RT 3 BOX 97 HWY 89 N/A MILTOB FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP alan Edwards 2108 Mineral Spgs Rd Jax, FL 32565 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DS GODWIN, BRUCE P.O. BOX 184 JAY FL 32565 <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	D LOWRY, H H III 3701 HAZEL GODWIN RD JAY FL <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	DT DIAMOND, MICKEY 2517 CAMORS ROAD JAY FL 32565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input 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.	
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SIGNATURE: 	DATE 4/3/07 8506254522
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