

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90023 013 ****61.25

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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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-0785943

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, JERRY
10470 HWY 87 N.
MILTON FL 32570

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

3-14-08

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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 D ☐ Delete
NAME FLINN, AUDRA
STREET ADDRESS 640 JIMMY LEWIS ROAD
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ Delete
NAME FLINN, SHANNON
STREET ADDRESS 640 JIMMY LEWIS ROAD
CITY-ST-ZIP MILTON FL 32570

TITLE P ☐ Delete
NAME DAVIS, JERRY
STREET ADDRESS RT 3 BOX 97 HWY 89 N/A
CITY-ST-ZIP MILTOB FL

TITLE DS ☐ Delete
NAME GODWIN, BRUCE
STREET ADDRESS P.O. BOX 184
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ Delete
NAME LOWRY, H H III
STREET ADDRESS 3701 HAZEL GODWIN RD
CITY-ST-ZIP JAY FL

TITLE DT ☐ Delete
NAME DIAMOND, MICKEY
STREET ADDRESS 2517 CAMORS ROAD
CITY-ST-ZIP JAY FL 32565

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition
NAME Alan Edwards
STREET ADDRESS 2108 Mineral Spgs Rd, Jay FL 32565
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME L J Smith
STREET ADDRESS 3075 Hickory Hollow Way, Jay FL 32565
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME Debbie Godwin
STREET ADDRESS PO Box 184 Jay FL 32565
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Jerry Davis

3/14/08 8506284572