

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790808

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** SANTA ROSA COUNTY FARM BUREAU, LAA

**Current Principal Place of Business:**

4035 HWY 4  
JAY, FL 32565 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 490  
JAX, FL 32565 US

**New Mailing Address:**

**FEI Number:** 59-0785943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, JERRY  
4035 HWY 4  
JAY, FL 32565 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FLINN, AUDRA  
Address: 640 JIMMY LEWIS ROAD  
City-St-Zip: MILTON, FL 32570

Title: D  
Name: FLINN, SHANNON  
Address: 640 JIMMY LEWIS ROAD  
City-St-Zip: MILTON, FL 32570

Title: P  
Name: DAVIS, JERRY  
Address: 4035 HWY 4  
City-St-Zip: JAY, FL 32565

Title: DS  
Name: GODWIN, BRUCE  
Address: P.O. BOX 184  
City-St-Zip: JAY, FL 32565

Title: D  
Name: LOWRY, H H III  
Address: 3701 HAZEL GODWIN RD  
City-St-Zip: JAY, FL 32565

Title: DT  
Name: DIAMOND, MICKEY  
Address: 12760 CHUMUCKLA HWY  
City-St-Zip: JAY, FL 32565

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JERRY H DAVIS

PRES

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date