

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90187 026 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**HOLLEY, REX
7040 HWY 400
BAKER FL 32531**

7. Name and Address of New Registered Agent

Name **Jerry Davis**

Street Address (P.O. Box Number is Not Acceptable)
10470 Hwy 87N

City

Milton

FL

Zip Code

32570

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]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	FLINN, AUDRA	
STREET ADDRESS	640 JIMMY LEWIS ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLINN, SHANNON	
STREET ADDRESS	640 JIMMY LEWIS ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JERRY	
STREET ADDRESS	RT 3 BOX 97 HWY 89 N/A	
CITY-ST-ZIP	MILTOB FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GODWIN, BRUCE	
STREET ADDRESS	P.O. BOX 184	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWRY, H H III	
STREET ADDRESS	3701 HAZEL GODWIN RD	
CITY-ST-ZIP	JAY FL	
TITLE	DT	<input type="checkbox"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewie J Smith	
STREET ADDRESS	3075 Hickory Hollow Ln	
CITY-ST-ZIP	JAY FL 32565	
TITLE	V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Edwards	
STREET ADDRESS	2108 Mineral Springs Rd	
CITY-ST-ZIP	Jay FL 32565	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Godwin	
STREET ADDRESS	PO Box 184	
CITY-ST-ZIP	Jay FL 32565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 (888) 675 4572

CR2E037 (10/02)