

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790810

FILED
Apr 26, 2005
Secretary of State

Entity Name: GILCHRIST COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

S.W.2ND STREET
P. O. BOX 426
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

S.W.2ND STREET
P. O. BOX 426
TRENTON, FL 32693

New Mailing Address:

FEI Number: 59-0841862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ROY M.
RT. 3, BOX 1-J
TRENTON, FL 32693 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: P () Delete
Name: WILSON, ROY M.,
Address: 9539 SE CR 319
City-St-Zip: TRENTON, FL

Title: ST () Delete
Name: ROBERTS, WILLIAM,
Address: 7340 SW CR 232
City-St-Zip: TRENTON, FL

Title: VT () Delete
Name: COLSON,FRANK,
Address: HWY 26, P O BOX 435
City-St-Zip: TRENTON, FL

Title: DT () Delete
Name: TOWNSEND, CLYDE,
Address: 6840 NW US HWY 129
City-St-Zip: BELL, FL

Title: DT () Delete
Name: WILSON, RUBY L
Address: 9539 SE CR 319
City-St-Zip: TRENTON, FL 32693

Title: DT () Delete
Name: JONES, JAMES, M.,
Address: 4119 SW CR 341
City-St-Zip: BELL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROY M WILSON

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date