

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790810

FILED  
Jan 23, 2006  
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:

306 WEST WADE STREET  
TRENTON, FL 32693

## Current Mailing Address:

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

## New Mailing Address:

306 WEST WADE STREET  
TRENTON, FL 32693

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:

WILSON, ROY M.  
9539 SE COUNTY ROAD 319  
TRENTON, FL 32693 US

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: ROY M WILSON SR

01/23/2006

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 Chapter 119, 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 SR

P

01/23/2006

Electronic Signature of Signing Officer or Director

Date