


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 790810 1. Entity Name GILCHRIST COUNTY FARM BUREAU, LAA	
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Principal Place of Business 306 WEST WADE STREET TRENTON, FL 32693	Mailing Address 306 WEST WADE STREET TRENTON, FL 32693
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DO NOT WRITE IN THIS SPACE



01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0841862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000611129 02/02/07-80046-026 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, ROY M. 9539 SE CR 319 TRENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, WILLIAM 7340 SW CR 232 TRENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COLSON, FRANK HWY 26, P O BOX 435 TRENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOWNSEND, CLYDE 6840 NW US HWY 129 BELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILSON, RUBY L 9539 SE CR 319 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, JAMES, M. 4119 SW CR 341 BELL, FL

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Roy M. Wilson* **1/29/07** **(352) 432-2298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #