

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

DOCUMENT# 790810

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** GILCHRIST COUNTY FARM BUREAU, LAA

**Current Principal Place of Business:**

306 WEST WADE STREET  
TRENTON, FL 32693

**New Principal Place of Business:**

**Current Mailing Address:**

306 WEST WADE STREET  
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.  
9539 SE COUNTY ROAD 319  
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  
Name: WILSON, ROY M.  
Address: 9539 SE CR 319  
City-St-Zip: TRENTON, FL 32693

Title: ST  
Name: ROBERTS, WILLIAM  
Address: 7340 SW CR 232  
City-St-Zip: TRENTON, FL 32693

Title: VT  
Name: JONES, JAMES M.  
Address: 4119 SW CR 341  
City-St-Zip: BELL, FL 32619

Title: DT  
Name: TOWNSEND, CLYDE  
Address: 6840 NW US HWY 129  
City-St-Zip: BELL, FL 32619

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

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: ROY M WILSON

P

04/12/2011

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

\_\_\_\_\_  
Date