


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90039 035 ****61.25

DOCUMENT # 790819 1. Entity Name OSCEOLA COUNTY FARM BUREAU LAA					
Principal Place of Business 1680 EAST IRLO BRONSON MCM. HIGHWAY KISSIMMEE, FL 34744			Mailing Address 1680 EAST IRLO BRONSON MCM. HIGHWAY KISSIMMEE, FL 34744		
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 59-1140157				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGGARD, DAN 5160 HAYWOOD RUFFIN RD SAINT CLOUD, FL 34771			7. Name and Address of New Registered Agent Name <u>Herb Harbin</u> Street Address (P.O. Box Number is Not Acceptable) <u>4455 Kaiser Ave.</u> City <u>St Cloud</u> FL Zip Code <u>34772</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>Feb. 3, 2004</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACK, W.J. JR. 2509 ZUNI RD. SAINT CLOUD, FL 34771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGGARD, DANIEL 5160 HAYWOOD RUFFIN ROAD SAINT CLOUD, FL 34771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HARBIN, HERB 4455 KAISER AVE SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, CHARLES 2967 PARTIN SETTLEMENT KISSIMMEE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONSON, IRLO JR 1620 LYNDALL DR KISSIMMEE, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACKEY, DANNY 1415 W VINE ST. KISSIMMEE, FL	<input type="checkbox"/> Delete			
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>Feb. 3, 2004</u> Daytime Phone # <u>407-847-5189</u>		

24008800



01192004 Chg-NP CR2E037 (10/03)

Attachment

24008808

#790819

T/S

Randy Bateman
3600 Harbor Rd.
Kissimmee, Fl 34746

D

Arinda Brack
2509 Zuni Rd.
St. Cloud, Fl 34771

D

Dewayne Oxford
13754 Deseret Ln.
St. Cloud, Fl 34772

D

Lee Radebaugh
2850 Godwin Rd.
St. Cloud, Fl 34772