


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90039 025 ****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
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50016026



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01242005 Chg-NP CR2E037 (10/03)

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		7. Name and Address of New Registered Agent
HARBIN, HERB 4455 KAISER AVE ST. CLOUD, FL 32772		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arinda Lee Director <input type="checkbox"/> Change <input type="checkbox"/> Addition 1500 E. 10th Street St Cloud, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAGGARD, DANIEL 5160 HAYWOOD RUFFIN ROAD SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARBIN, HERB 4455 KAISER AVE SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, CHARLES 2967 PARTIN SETTLEMENT KISSIMMEE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition Randy Bateman 3600 Harbor Rd. Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONSON, IRLO JR 1620 LYNDALL DR KISSIMMEE, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Dewayne Oxford 13754 Desert Ln. St Cloud, FL 34773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACKEY, DANNY 1415 W VINE ST. KISSIMMEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **Feb. 10, 2005 407.847.5189**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #