

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790819

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: OSCEOLA COUNTY FARM BUREAU LAA

**Current Principal Place of Business:**

1680 EAST IRLO BRONSON MCM. HIGHWAY  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1680 EAST IRLO BRONSON MCM. HIGHWAY  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 59-1140157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARBIN, HERB  
4455 KAISER AVE  
ST. CLOUD, FL 32772 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: D ( ) Delete  
Name: ANDREE, JEFF  
Address: 30 WESTCHESTER DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: BRACK, W.J.  
Address: 2509 ZUNI RD  
City-St-Zip: SAINT CLOUD, FL 34771

Title: P ( ) Delete  
Name: HARBIN, HERB  
Address: 4455 KAISER AVE  
City-St-Zip: SAINT CLOUD, FL 34772

Title: S/T ( ) Delete  
Name: BATEMAN, RANDY  
Address: 3600 HARBOR RD  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: OXFORD, DEWAYNE  
Address: 13754 DESERET LN  
City-St-Zip: SAINT CLOUD, FL 34773

Title: D ( ) Delete  
Name: LACKEY, DANNY,  
Address: 1415 W VINE ST.  
City-St-Zip: KISSIMMEE, 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: D (X) Change ( ) Addition  
Name: HUTCHCRAFT, SID  
Address: 2688 GROVEVIEW DR  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify 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: HERB HARBIN

P

02/16/2009

Electronic Signature of Signing Officer or Director

Date