

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90002 028 ****61.25

DOCUMENT # 790836

1. Entity Name

HENDRY-GLADES COUNTY FARM BUREAU, LAA



Principal Place of Business

154 N. BRIDGE ST
LABELLE FL 33935
US

Mailing Address

P.O. BOX 1365
LABELLE FL 33975
US

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

59-6177727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS, RICHARD
23090 SLAUGHTER HOUSE RD.
P.O. BOX 578
FELDA FL 33930

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete
NAME CROOKS, MIKE
STREET ADDRESS HC 61 BOX 79
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☐ Change ☒ Addition
NAME Joe Flint
STREET ADDRESS PO Box 4004
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D ☐ Delete
NAME PAIGE, STEVE
STREET ADDRESS 1023 L-1 DIKE RD.
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☐ Change ☒ Addition
NAME ALAN HAMMOCK
STREET ADDRESS PO Box 1928
CITY-ST-ZIP Clewiston FL 33440

TITLE T ☐ Delete
NAME STRICKLAND, DONNA M
STREET ADDRESS P.O. BOX 1723
CITY-ST-ZIP LABELLE FL 33975

TITLE D ☐ Change ☒ Addition
NAME E.G. Holland
STREET ADDRESS PO Box 321
CITY-ST-ZIP La Belle FL 33975

TITLE D ☐ Delete
NAME HULL, RAY
STREET ADDRESS HC 61 BOX 90
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☐ Change ☒ Addition
NAME Andy Rackly
STREET ADDRESS 111 Ponce de Leon Ave
CITY-ST-ZIP Clewiston FL 33440

TITLE D ☒ Delete
NAME COKER, ROBERT
STREET ADDRESS P O BOX 1207
CITY-ST-ZIP CLEWISTON FL 33440

TITLE VP ☐ Change ☒ Addition
NAME PAUL MEADOR
STREET ADDRESS 1331 Commerce Dr
CITY-ST-ZIP LaBelle FL 33935

TITLE P ☐ Delete
NAME BASS, RICHARD
STREET ADDRESS P.O. BOX 578
CITY-ST-ZIP FELDA FL 33930

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

863-625-2535

Daytime Phone #