

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90200 002 ****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



1st MOORE

CR2E037 (10/04)

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

PAUL MEADOR

Street Address (P.O. Box Number is Not Acceptable)

1331 Commerce Dr

City

LaBelle

FL

Zip Code

33935

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, 2005

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	<input checked="" type="checkbox"/> Delete
NAME	CROOKS, MIKE
STREET ADDRESS	HC 61 BOX 79
CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	<input checked="" type="checkbox"/> Delete
NAME	PAIGE, STEVE
STREET ADDRESS	1023 L-1 DIKE RD.
CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	<input type="checkbox"/> Delete
NAME	STRICKLAND, DONNA M
STREET ADDRESS	P.O. BOX 1723
CITY-ST-ZIP	LABELLE FL 33975
TITLE	<input type="checkbox"/> Delete
NAME	HULL, RAY
STREET ADDRESS	HC 61 BOX 90
CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	<input checked="" type="checkbox"/> Delete
NAME	FLINT, JOE
STREET ADDRESS	P.O. BOX 4004
CITY-ST-ZIP	MOORE HAVEN FL 33471
TITLE	<input type="checkbox"/> Delete
NAME	BASS, RICHARD
STREET ADDRESS	P.O. BOX 578
CITY-ST-ZIP	FELDA FL 33930

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL MEADOR
STREET ADDRESS	1331 Commerce Dr
CITY-ST-ZIP	LaBelle FL 33935
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP JOE PLINT
STREET ADDRESS	PO BOX 4004
CITY-ST-ZIP	MOORE HAVEN FL 33471
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S CARL PERAY
STREET ADDRESS	950 Western Dr
CITY-ST-ZIP	MOORE HAVEN FL 33471
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE PAIGE
STREET ADDRESS	1023 L-1 DIKE RD
CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RICKY BASS
STREET ADDRESS	4002 Oak Haven Dr
CITY-ST-ZIP	LaBelle FL 33935
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DONNA STRICKLAND
STREET ADDRESS	PO BOX 1723
CITY-ST-ZIP	LaBelle FL 33975

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

Date

Daytime Phone #

ATTACHMENT

40024449

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HENDRY-GLADES COUNTY FARM BUREAU, LAA
ATTACHMENT TO DOCUMENT #790836
2005 NOT FOR PROFIT CORPORATION
ANNUAL REPORT

D
MIKE CROOKS
27210 COUNTY RD 833
CLEWISTON, FL 33440

D
ALAN HAMMOCK
P.O. BOX 1928
CLEWISTON, FL 33440

D
E.G. HOLLAND
P.O. BOX 321
LABELLE, FL 33975

D
RAY HULL
27831 DOOLEY GRADE RD
CLEWISTON, FL 33440

D
EARL S DYESS III
P.O. BOX 267
CLEWISTON, FL 33440
