


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90007 024 \*\*\*\*61.25

<b>DOCUMENT # 790836</b> 1. Entity Name <b>HENDRY-GLADES COUNTY FARM BUREAU, LAA</b>					
Principal Place of Business <b>154 N. BRIDGE ST</b> <b>LABELLE, FL 33935 US</b>			Mailing Address <b>P.O. BOX 1365</b> <b>LABELLE, FL 33975 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02222006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-6177727</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MEADOR, PAUL</b> <b>1331 COMMERCE DR</b> <b>LABELLE, FL 33935</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code		
8. The above named agent, by signing this report, certifies that it is not 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><i>Paul Meador</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>CROOKS, MIKE</b> <b>HC 61 BOX 79</b> <b>CLEWISTON, FL 33440</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>CROOKS, MIKE</b> <b>2720 Cr 833</b> <b>Clewiston FL 33440</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PLINT, JOE</b> <b>PO BOX 4004</b> <b>MOORE HAVEN, FL 33471</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Perry, Carl</b> <b>950 Western Dr SW</b> <b>MOORE HAVEN FL 33471</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>STRICKLAND, DONNA M</b> <b>P.O. BOX 1723</b> <b>LABELLE, FL 33975</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Dyess, Trey</b> <b>921 Sawgrass St</b> <b>Clewiston FL 33440</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PAIGG, STEVE</b> <b>1023 L DIKE RD</b> <b>CLEWISTON, FL 33440</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Paige, STEVE</b> <b>1023 L Dike Rd</b> <b>Clewiston FL 33440</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BASS, RICKY</b> <b>4002 OAK HAVEN DR</b> <b>LABELLE, FL 33935</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Hammock, Alan</b> <b>PO Box 1928</b> <b>Clewiston FL 33440</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STRICKLAND, DONNA</b> <b>PO BOX 1723</b> <b>LABELLE, FL 33975</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Holland G.G.</b> <b>PO Box 321</b> <b>LaBelle FL 33975</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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.					
<b>SIGNATURE:</b> <u><i>Paul Meador</i></u> <b>President</b> Date: <u>3/22/06</u> Daytime Phone #: <u>863-675-2335</u>					

ATTACHMENT

40036292

# 790836

OFFICERS AND DIRECTORS FOR HENDRY-GLADES COUNTY FARM  
BUREAU

PRESIDENT  
PAUL MEADOR  
1331 COMMERCE DRIVE  
LABELLE, FL 33935

DIRECTOR  
CALLIE WALKER  
P.O. BOX 173  
LABELLE, FL 33975

DIRECTOR  
BILL MADDOX  
203 N RIVERVIEW ST  
LABELLE, FL 33935

DIRECTOR  
MIKE PRESELY  
P.O. BOX 178  
MOORE HAVEN, FL 33471

DIRECTOR  
RAY C HULL  
27831 DOOLEY GRADE RD  
CLEWISTON, FL 33440