2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State
05-27-2008 90038 047 ****61.25

DOCUMENT # 790836

1. Entity Name

HENDRY-GLADES COUNTY FARM BUREAU, LAA

Principal Place of Business	Mailing Address
~~154 N. BRIDGE ST~~ LABELLE FL 33935 US	P.O. BOX 1365 LABELLE FL 33975 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
413 W State Rd 80	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LaBelle Fl	City & State
Zip: 33935 Country: Hendry	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
MADDOX, W.T. "BILL" 203 N. RIVERVIEW ST LABELLE FL 33935	Name: CARL PERRY Street Address (P.O. Box Number is Not Acceptable): 950 WESTERN DR SW City: MOORE HAVEN FL Zip Code: 33471

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: Carl Perry 4-18-08
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROOKS, MIKE 27210 CR 833 CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Callie Walker PO Box 173 LaBelle Fl 33975	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ PERRY, CARL 950 WEDTERN DR SW MOORE HAVEN FL 33471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President CARL PERRY 950 Western DR SW Moore Haven Fl 33471	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DYESS, TREY 921 SAWGRASS ST CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maddox, W.J. "Bill" 203 Riverview St LaBelle Fl 33935	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PAIGG, STEVE 1023 L DIKE RD CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY Hull 27831 Dooley Grade Rd Clewiston Fl 33440	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASS, RICKY 4002 OAK HAVEN DR LABELLE FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hammock, Alan PO Box 1928 Clewiston Fl 33440	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLAND, E.G P.O. BOX 321 LABELLE FL 33975	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mike Swindle 7580 W US HWY 27 Clewiston Fl 33440	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 4-18-08 863 673-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR