

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

134 N. BRIDGE ST
LABELLE FL 33935
US

Mailing Address

P.O. BOX 1365
LABELLE FL 33975
US

2. Principal Place of Business - No P.O. Box #

413 W State Rd 80

3. Mailing Address

City & State

LaBelle FL

City & State

Zip

33935

Country

Hendry

Zip

Country

6. Name and Address of Current Registered Agent

MADDOX, W.T. "BILL"
203 N. RIVERVIEW ST
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name

CARL PERRY

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

950 Western Dr SW

City

MOORE HAVEN

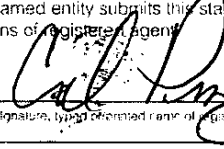
FL

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



4-18-08

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature is required when reconstituting)

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

TITLE

D

☐ Delete

NAME

CROOKS, MIKE

STREET ADDRESS

27210 CR 833

CITY- ST- ZIP

CLEWISTON FL 33440

TITLE

D

☐ Delete

NAME

PERRY, CARL

STREET ADDRESS

950 WESTERN DR SW

CITY- ST- ZIP

MOORE HAVEN FL 33471

TITLE

S

☐ Delete

NAME

DYESS, TREY

STREET ADDRESS

921 SAWGRASS ST

CITY- ST- ZIP

CLEWISTON FL 33440

TITLE

V

☐ Delete

NAME

PAIGG, STEVE

STREET ADDRESS

1023 L DIKE RD

CITY- ST- ZIP

CLEWISTON FL 33440

TITLE

D

☐ Delete

NAME

BASS, RICKY

STREET ADDRESS

4002 OAK HAVEN DR

CITY- ST- ZIP

LABELLE FL 33935

TITLE

D

☐ Delete

NAME

HOLLAND, E.G

STREET ADDRESS

P.O. BOX 321

CITY- ST- ZIP

LABELLE FL 33975

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

Treasurer

☐ Change ☐ Addition

NAME

Callie Walker

STREET ADDRESS

PO Box 173

CITY- ST- ZIP

LaBelle FL 33935

TITLE

President

☒ Change ☐ Addition

NAME

CARL PERRY

STREET ADDRESS

950 Western Dr SW

CITY- ST- ZIP

MOORE HAVEN FL 33471

TITLE

D

☒ Change ☐ Addition

NAME

MADDOX, W.T. "BILL"

STREET ADDRESS

203 River View St

CITY- ST- ZIP

LaBelle FL 33935

TITLE

D

☐ Change ☐ Addition

NAME

RAY HULL

STREET ADDRESS

27831 Dooley Grade Rd

CITY- ST- ZIP

Clewiston FL 33440

TITLE

D

☐ Change ☐ Addition

NAME

HAMMOCK, ALAN

STREET ADDRESS

PO Box 1928

CITY- ST- ZIP

Clewiston FL 33440

TITLE

D

☐ Change ☒ Addition

NAME

MIKE SWINDLE

STREET ADDRESS

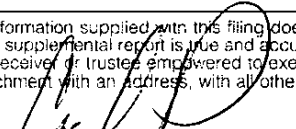
7580 W US HWY 27

CITY- ST- ZIP

Clewiston FL 33440

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

863673-9222