2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 790836

Entity Name: HENDRY-GLADES COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

413 W STATE RD 80
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1365
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 59-6177727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, CARL
950 WESTERN DR SW
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	WALKER, CALLIE	
Address:	PO BOX 173	
City-St-Zip:	LABELLE, FL 33975	
Title:	P	( ) Delete
Name:	PERRY, CARL	
Address:	950 WESTERN DR SW	
City-St-Zip:	MOORE HAVEN, FL 33471	
Title:	D	( ) Delete
Name:	MADDOX, W.J. B	
Address:	203 RIVERVIEW ST	
City-St-Zip:	LABELLE, FL 33935	
Title:	D	( ) Delete
Name:	HULL, RAY	
Address:	27831 DOOLEY GRADE RD	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	HAMMOCK, ALAN	
Address:	PO BOX 1928	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	SWINDLE, MIKE	
Address:	7580 W US HWY 27	
City-St-Zip:	CLEWISTON, FL 33440	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL PERRY PRES 03/25/2009
Electronic Signature of Signing Officer or Director — Date