2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2011
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:

WALKER, CALLIE
413 W STATE RD 80
LABELLE, FL 33935 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: P
Name: WALKER, CALLIE E
Address: PO BOX 173
City-St-Zip: LABELLE, FL 33975

Title: VP
Name: PAIGE, WILLIAM S
Address: 10023 L1 DIKE RD
City-St-Zip: CLEWISTON, FL 33440

Title: S
Name: BASS, RICHARD
Address: 4002 OAK HAVEN DR
City-St-Zip: LABELLE, FL 33935

Title: T
Name: MCAVOY, EUGENE J
Address: 1900 G ROAD
City-St-Zip: LABELLE, FL 33935

Title: D
Name: HAMMOCK, ALAN
Address: PO BOX 1928
City-St-Zip: CLEWISTON, FL 33440

Title: D
Name: SWINDLE, MIKE
Address: 7580 W US HWY 27
City-St-Zip: CLEWISTON, FL 33440

I hereby 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 all other like empowered.

SIGNATURE: CALLIE E WALKER PRES 01/25/2011

Electronic Signature of Signing Officer or Director Date