

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90092 048 ****61.25

DOCUMENT # 790836

1. Entity Name
HENDRY-GLADES COUNTY FARM BUREAU, LAA



Principal Place of Business
**154 N. BRIDGE ST
LABELLE FL 33935
US**

Mailing Address
**P.O. BOX 1365
LABELLE FL 33975
US**

JUU440U3



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
154 N Bridge St

3. Mailing Address
PO Box 1365

Suite, Apt. #, etc.

City & State
La Belle FL

City & State
LaBelle FL

Zip
33935

Country
Hendry

Zip
33975

Country
Hendry

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

**STRICKLAND, DONNA M
1261 RIVERBEND DR
P.O. BOX 1723
LABELLE FL 33975**

7. Name and Address of New Registered Agent

Name: **Richard Bass**

Street Address (P.O. Box Number is Not Acceptable)
23090 Shaugher House Rd La Belle FL

PO Box 578

City: **FELDA** FL Zip Code **33930**

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 *Richard Bass*

Richard Bass Pres

1/15/03

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

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 NAME STREET ADDRESS CITY-ST-ZIP	CROOKS, MIKE <input type="checkbox"/> Delete STAR ROUTE BOX 79 CLEWISTON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PAIGE, STEVE 950 WESTERN DR MOORE HAVEN FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete STRICKLAND, DONNA M P.O. BOX 1723 LABELLE FL 33975
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HULL, RAY HC 61 BOX 90 CLEWISTON FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete COKER, ROBERT P O BOX 1207 CLEWISTON FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BAGG, RICHARD P.O. BOX 578 FELDA FL 33930

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Crooks, Mike HC 61 Box 79 Clewiston FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steve Paige 1023 L-1 Dike Rd Clewiston FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Donna Strickland
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Richard Bass PO Box 578 FELDA FL 33930

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard Bass*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 863675-2535

Attachment

ADD :

V.P.
PAUL J. MEADOR
P.O. BOX 130
IMMOKALEE, FL 34L43

90044003

790836

ADD:

DIRECTOR
JOE FLINT
P.O. BOX 4004
MOORE HAVEN, FL 33471

DIRECTOR
ALAN HAMMOCK
P.O. BOX 1928
CLEWISTON, FL 33440

DIRECTOR
E.G. HOLLAND
P.O. BOX 321
LABELLE, FL 33975

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