

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 790858

FILED
Oct 06, 2006
Secretary of State

Entity Name: FLAGLER COUNTY FARM BUREAU LAA

Current Principal Place of Business:

1 ENTERPRISE DR
A-3
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

1 ENTERPRISE DR
A-3
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 59-6177723 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COWART, CHUCK
11361 CTY RD #305
BUNNELL, FL 32110 US

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: CHUCK COWART

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: JOHNSON, CHIP
Address: 7447 HWY 100
City-St-Zip: BUNNELL, FL 32110

Title: VP () Delete
Name: BERTHA, SAM, JR.,
Address: 709 N BACHEA ST
City-St-Zip: BUNNELL, FL 32110

Title: P () Delete
Name: COWART, CHUCK
Address: 11361 CTY RD 305
City-St-Zip: BUNNELL, FL 32110

Title: BM () Delete
Name: ROBERTSON, STAN
Address: 137 WATER OAK RD
City-St-Zip: BUNNELL, FL 32110

Title: BM () Delete
Name: SEAY, MATT
Address: 1970 CTY RD 302
City-St-Zip: BUNNELL, FL 32110

Title: BM () Delete
Name: STRICKLAND, SHANNON
Address: 1771 CTY RD
City-St-Zip: BUNNELL, FL 32110

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 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: SAM BERTHA, JR

VP

10/06/2006

Electronic Signature of Signing Officer or Director

Date