2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 790858

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 ( )**

Name and Address of Current Registered Agent:

COWART, CHUCK
11361 CTY RD #305
BUNNELL, FL 32110 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:	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 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: PATTI LUZANO MS 03/25/2009
Electronic Signature of Signing Officer or Director — Date