


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 790896</b> 1. Entity Name HOLMES COUNTY FARM BUREAU, LAA	
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Principal Place of Business 1108 N. WAUKESHA BONIFAY, FL 32425 US	Mailing Address 1108 N. WAUKESHA BONIFAY, FL 32425 US
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0919996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  THOMAS, RAYMON 2429 BROOKS DRIVE BONIFAY, FL 32425
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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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS, RAYMOND 2429 BROOKS DRIVE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BARONE, FRANK P.O. BOX 225 WESTVILLE, FL 32464
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILLIAMS, CLYDE M 1305 HIGHWAY 173 GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000607335  
01/31/07-00032-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Raymond Thomas - RAYMOND THOMAS 1-12-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #