

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790896

FILED
Jan 07, 2009
Secretary of State

Entity Name: HOLMES COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

1108 N. WAUKESHA
BONIFAY, FL 32425 US

New Principal Place of Business:

Current Mailing Address:

1108 N. WAUKESHA
BONIFAY, FL 32425 US

New Mailing Address:

FEI Number: 59-0919996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, RAYMON
2429 BROOKS DRIVE
BONIFAY, FL 32425 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: PD () Delete
Name: THOMAS, RAYMOND
Address: 2429 BROOKS DRIVE
City-St-Zip: BONIFAY, FL 32425

Title: VD () Delete
Name: WILLIAMS, CLYDE M
Address: 1305 HWY 173
City-St-Zip: GRACEVILLE, FL 32440

Title: STD () Delete
Name: WILLIAMS, CLYDE M
Address: 1305 HIGHWAY 173
City-St-Zip: GRACEVILLE, FL 32440

Title: STD (X) Delete
Name: LANGFORD, LUCAS
Address: 541 MCDANIELS FISH CAMP RD
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: LANGFORD, M. LUCAS
Address: 541 MCDANIELS FISH CAMP RD
City-St-Zip: FREEPORT, FL 32439

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: RAYMON THOMAS

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date