2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# 790897

Entity Name: LIBERTY COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

P.O. BOX 721
BRISTOL, FL 32321

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 721
BRISTOL, FL 32321

New Mailing Address:

FEI Number: 59-6194531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUNSFORD, BETTY J
19089 NW CR 379
BRISTOL, FL 32321 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:	DUGGAR, DEBBIE	
Address:	17992 NW CR 12	
City-St-Zip:	BRISTOL, FL 32321	
Title:	D	( ) Delete
Name:	EUBANKS, WILHOIT	
Address:	10851 NW JIMMY LEE LN	
City-St-Zip:	BRISTOL, FL 32321	
Title:	D	( ) Delete
Name:	SCHMARJE, JEFFREY	
Address:	10992 NW SCHMARJE LN	
City-St-Zip:	BRISTOL, FL 32321	
Title:	D	( ) Delete
Name:	STOUTAMIRE, TOMMY	
Address:	RT 1 BOX 72	
City-St-Zip:	HOSFORD, FL 32334	
Title:	D	( ) Delete
Name:	SUMNER, AMOS	
Address:	19506 NE OLD BLUE CK RD	
City-St-Zip:	HOSFORD, FL 32334	
Title:	D	( ) Delete
Name:	FORAN, ALVIN	
Address:	16846 NW CR 379	
City-St-Zip:	BRISTOL, FL 32321	

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: BETTY J. LUNSFORD P 04/30/2006
Electronic Signature of Signing Officer or Director — Date