2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 23, 2007 8:00 am Secretary of State

08-23-2007 90021 037 ****61 24

DOCUMENT # 790897 1. Entity Name LIBERTY COUNTY FARM BUREAU, LAA					08-23-2007 90021 037 ****	`61.25	
Principal Place of Business P.O. BOX 721 BRISTOL, FL 32321		Mailing Address P.O. BOX 721 BRISTOL, FL 32321					
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08102007 CI	hg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-619453	· -	pplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent			
LUNSFORD, BETTY J			Name				
19089 NW CR 379 BRISTOL, FL 32321			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
		City			FL Zip Coo	de	
The above named entity submits this statement for the purpose of changing its received.							
	e named entity submits this statement to the statement of	u Pres.	egistered office of reg		the State of Piorida. Tam familiar with	and accept	
!	Signature, typed or printed harne or registered ager	it and the happincable. (NOTE	negisiared Again signature re	edoned when teinstating)	UME.		
D	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	Make check payable Florida Department of S	State	
D 10.	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND D	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Added to Fees		State	
10.	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND D	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florida Department of S	State	
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND D ST DUGGAR, DEBBIE 17992 NW CR 12	9. Election Cam Trust Fund C	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Fiorida Department of S	N 10	
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12. Thereby 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:

Musin Form Mast.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/200 (850/6)4-54)