

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90009 018 ****61.25

DOCUMENT # 790902

1. Entity Name

CALHOUN COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

**615 N MAIN STREET
 BLOUNTSTOWN, FL 32424**

**615 N MAIN STREET
 BLOUNTSTOWN FL 32424**

2. Principal Place of Business

17577 Main St. N

3. Mailing Address

17577 Main St. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Blountstown, FL

City & State

Blountstown, FL

4. FEI Number

59-0977533

Applied For

Not Applicable

Zip

Country

32424

USA

Zip

Country

32424

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BODIFORD JR., CECIL
 RT 2 BOX 33 HWY 71N
 ALTHA FL 32421**

Name

Street Address (P.O. Box Number is Not Acceptable)

27995 SR 71 N

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **BODIFORD, CECIL, JR**
 STREET ADDRESS **RT 2 BOX 33**
 CITY-ST-ZIP **ALTHA FL 32421**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **WILLIAMS, LLOYD**
 STREET ADDRESS **RT 1 BOX 662**
 CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **PURVIS, MIKE**
 STREET ADDRESS **RT 1 BOX 152**
 CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BROGDON, ANDY**
 STREET ADDRESS **15431 NE JACK STRICKLAND RD**
 CITY-ST-ZIP **ALTHA FL 32421**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **RACKLEY, RUDY**
 STREET ADDRESS **RT 2 BOX 293**
 CITY-ST-ZIP **ALTHA FL 32421**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MILLER, DONALD**
 STREET ADDRESS **RT 2 BOX 732**
 CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CC Bodiford, Jr 1-14-02 (850)674-5471

CR2E037 (9/01)