

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 790902

1. Entity Name
CALHOUN COUNTY FARM BUREAU, LAA



Principal Place of Business
**17577 MAIN ST N
BLOUNTSTOWN, FL 32424**

Mailing Address
**17577 MAIN ST N
BLOUNTSTOWN, FL 32424**



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0977533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BODIFORD JR., CECIL
27995 SR 71 N
ALTHA, FL 32421**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BODIFORD, CECIL, JR
STREET ADDRESS	RT 2 BOX 33
CITY-ST-ZIP	ALTHA, FL 32421
TITLE	V
NAME	WILLIAMS, LLOYD
STREET ADDRESS	RT 1 BOX 662
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	S
NAME	PURVIS, MIKE
STREET ADDRESS	RT 1 BOX 152
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	D
NAME	BROGDON, ANDY
STREET ADDRESS	15431 NE JACK STRICKLAND RD
CITY-ST-ZIP	ALTHA, FL 32421
TITLE	TD
NAME	RACKLEY, RUDY
STREET ADDRESS	RT 2 BOX 293
CITY-ST-ZIP	ALTHA, FL 32421
TITLE	D
NAME	MILLER, DONALD
STREET ADDRESS	RT 2 BOX 732
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424

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01/29/04-80103-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Cecil Bodiford Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

Date

Daytime Phone #