2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 790902

1. Entity Name
CALHOUN COUNTY FARM BUREAU, LAA

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

01102005 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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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02/08/05-80009-001 61.25

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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 2-01-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #