

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90108 040 \*\*\*\*61.25

**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**



03072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0977533</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BODIFORD, CECIL, JR RT 2 BOX 33 ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V WILLIAMS, LLOYD RT 1 BOX 682 BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S PURVIS, MIKE RT 1 BOX 152 BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BROGDON, ANDY 15431 NE JACK STRICKLAND RD ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD RACKLEY, RUDY RT 2 BOX 283 ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MILLER, DONALD RT 2 BOX 732 BLOUNTSTOWN, FL 32424

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 filers empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**3-21-06**

Date

**850-674-5471**

Daytime Phone #