

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 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



02082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0977533	Applied For 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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

000000629487  
02/19/07-80002-023 61.25

**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 like empowered.

**SIGNATURE:** *CC Bodiford Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #