

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90018 021 ****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**

4000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

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

27955 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cecil Bodiford

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

(NOTE: Registered Agent signature required when reinstating)

01/31/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **27955 SR 71 N**
STREET ADDRESS **Altha, FL 32421**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **20289 SR 71 N**
STREET ADDRESS **Blountstown, FL 32424**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **15637 SW County Rd 275**
STREET ADDRESS **Blountstown, FL 32424**
CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Henry McCrone**
CITY-ST-ZIP **25712 NE State Rd 69
Blountstown, FL 32424**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12037 NW Bailey Cemetery Rd**
CITY-ST-ZIP **Clarksville, FL 32430**

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:

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

01/31/08
Date

850 614-5471
Daytime Phone #