

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790902

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: CALHOUN COUNTY FARM BUREAU, LAA

## Current Principal Place of Business:

17577 MAIN ST N  
BLOUNTSTOWN, FL 32424

## New Principal Place of Business:

## Current Mailing Address:

17577 MAIN ST N  
BLOUNTSTOWN, FL 32424

## New Mailing Address:

FEI Number: 59-0977533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BODIFORD JR., CECIL  
27955 S.R. 71 N  
ALTA, FL 32421 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BODIFORD, CECIL, JR,  
Address: 27955 S.R. 71 N  
City-St-Zip: ALTA, FL 32421

Title: V ( ) Delete  
Name: WILLIAMS, LLOYD  
Address: 20289 SR 71 N  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: S ( ) Delete  
Name: PURVIS, MIKE  
Address: 15637 SW CTY RD 275  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D ( ) Delete  
Name: BROGDON, ANDY  
Address: 15431 NE JACK STRICKLAND RD  
City-St-Zip: ALTA, FL 32421

Title: D ( ) Delete  
Name: MCCRANE, HENRY  
Address: 25712 NE SR 69  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D ( ) Delete  
Name: MILLER, DONALD  
Address: 10237 NW BAILEY CEMETRY RD  
City-St-Zip: CLARKSVILLE, FL 32430

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: VICKERY, ROCKY  
Address: 20766 NE MACEDONIA RD  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D (X) Change ( ) Addition  
Name: MCCRONE, HENRY  
Address: 25712 NE SR 69  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL BODIFORD, JR

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date