## FILED Apr 29, 2004 8:00 am Secretary of State

2004	i not-for-pro	FIT CORP	OKATION
	ANNUAL	REPORT	

1. Entity Name TAYLOR COUNTY FARM BUREAU, LAA						)4-29-2004 903	-	
Principal Place 813 S. WASH PERRY, FL 3	INGTON ST.	Mailing Address 813 S. WASHINGTON STR PERRY, FL 32347	EET		1 1300 <b>120</b> 1 1	MINE (MAI ANIEM 1921 ČINIS N	ikh ciek elah biki ki	(1748) 21 f28
Principal Place of Business 3. M		). Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004 Ct	ng-NP CR	12E037 (10/03)		
City & State		City & State			50 540400			pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8,75 Ad Fee Require	ditional ed
	- 6. Name and Address of Current R	egistered Agent		4	7. Name and Add	ress of New Regist	ered Agent	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ROWELL,	AULEY		Nam	,				
IRA SMITH ROAD HWY 14 SHADY GROVE, FL			Stree	Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Coo	de
A 71	named entity submits this statement for t		-latered office		rad agent or both in	the State of Florida		and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: I	Registered Agent si	ynature required	d when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		check payable Department of S	
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS A		
NAME STREET ADDRESS CITY-ST-ZIP	PD ROWELL, AULEY IRA AMITH ROAD, HWY 14 SHADY GROVE, FL 32357	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	MA	quest Hours so Red Ac rry, Fl. 3	ck segettR 30348	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, HENRY 1100 E JULIA DRIVE PERRY, FL 32347	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	is He	len Haus 050 Red erry, FI.	K Padgett 32348	$\mathcal{R}_{\mathcal{A}}$ .	Addition
TITLE NAME _STREET ADDRESS CITY-ST-ZIP	D PARKER, RUDOLPH RT. 4, BOX 726 PERRY, FL 32347	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	25 J	Adam Son All Serry Fl	S en.St EBB47	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLEN, FUGUAY 1070 BUCKEYE NURSERY RD PERRY, FL 32348	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	52	sillianch achtara zrry, Fl	aralle 11e hans 30348	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SESSIONS, CHARLES 8490 ALTON WENTWORTH RD GREENVILLE, FL 32348	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	D PARKER, IRIS 4400 RUDOLPH PARKER LN PERRY, FL 32348	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			☐ Change	Addition
Indicated	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empoy, or on an attachment with an address, w	true and accurate and that m	v signature sh	all have the	same legal effect as 7, Florida Statutes; ar	if made under oath;	that I am an office bears in Block 10	er or director