

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 790903 | |
| 1. Entity Name TAYLOR COUNTY FARM BUREAU, LAA | |
| Principal Place of Business 813 S. WASHINGTON ST. PERRY, FL 32347 US | Mailing Address 813 S. WASHINGTON STREET PERRY, FL 32347 |



04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-6194985 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ROWELL, AULEY IRA SMITH ROAD HWY 14 SHADY GROVE, FL | DO NOT WRITE IN THIS SPACE |
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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 renewing) DATE

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROWELL, AULEY PO BOX 2 SHADY GROVE, FL 32359 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LAVALLE, BILLY 8200 LAVALLE LN PERRY, FL 32347 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, RUDOLPH 4400 RUDOLPH PARKER LANE PERRY, FL 32348 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COLLEN, FUGUAY 1070 BUCKEYE NURSERY RD PERRY, FL 32348 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SESSIONS, CHARLES 8490 ALTON WENTWORTH RD GREENVILLE, FL 32348 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, IRIS 4400 RUDOLPH PARKER LN PERRY, FL 32348 |

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04/24/07-80123-021 61.25

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 817, 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: *William M LaValle* *William M LaValle* 4-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #