

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790903

FILED
Mar 11, 2008
Secretary of State

Entity Name: TAYLOR COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

813 S. WASHINGTON ST.
PERRY, FL 32347 US

New Principal Place of Business:

Current Mailing Address:

813 S. WASHINGTON STREET
PERRY, FL 32347

New Mailing Address:

813 S. WASHINGTON ST.
PERRY, FL 32347 US

FEI Number: 59-6194985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWELL, AULEY
IRA SMITH ROAD HWY 14
SHADY GROVE, FL 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: PD () Delete
Name: ROWELL, AULEY
Address: PO BOX 2
City-St-Zip: SHADY GROVE, FL 32359

Title: T () Delete
Name: LAVALLE, BILLY
Address: 8200 LAVALLE LN
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: PARKER, RUDOLPH
Address: 4400 RUDOLPH PARKER LANE
City-St-Zip: PERRY, FL 32348

Title: SD () Delete
Name: COLLEN, FUGUAY
Address: 1070 BUCKEYE NURSERY RD
City-St-Zip: PERRY, FL 32348

Title: V () Delete
Name: SESSIONS, CHARLES
Address: 8490 ALTON WENTWORTH RD
City-St-Zip: GREENVILLE, FL 32348

Title: D () Delete
Name: PARKER, IRIS
Address: 4400 RUDOLPH PARKER LN
City-St-Zip: PERRY, FL 32348

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: SD (X) Change () Addition
Name: COLLEN, FUGUAY
Address: 1070 BUCKEYE NURSERY RD
City-St-Zip: PERRY, FL 32348

Title: V (X) Change () Addition
Name: DAVIS, HENRY
Address: 1100 E. JULIA STREET
City-St-Zip: PERRY, FL 32347

Title: D (X) Change () Addition
Name: HOUCK, HELEN
Address: 7050 RED PADGETT ROAD
City-St-Zip: PERRY, FL 32348

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: AULEY ROWELL

PD

03/11/2008

Electronic Signature of Signing Officer or Director

Date