2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 790903

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 ST.
PERRY, FL 32347 US

New Mailing Address:

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, FUCUAY	
Address:	1070 BUCKEYE NURSERY RD	
City-St-Zip:	PERRY, FL 32348	
Title:	V	( ) Delete
Name:	DAVIS, HENRY	
Address:	1100 E. JULIA STREET	
City-St-Zip:	PERRY, FL 32347	
Title:	D	( ) Delete
Name:	HOUCK, HELEN	
Address:	7050 RED PADGETT ROAD	
City-St-Zip:	PERRY, FL 32348	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	LAVALLE, BILLY	
Address:	8200 LAVALLE LN	
City-St-Zip:	PERRY, FL 32347	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	DAVIS, HENRY	
Address:	1100 E. JULIA STREET	
City-St-Zip:	PERRY, FL 32347	
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: MELISSA HARDIN AA 01/08/2009
Electronic Signature of Signing Officer or Director — Date