


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 790971</b>	
1. Entity Name <b>OKALOOSA COUNTY FARM BUREAU LAA</b>	

Principal Place of Business <b>921 JAMES LEE BLVD CRESTVIEW, FL 32536 US</b>	Mailing Address <b>921 JAMES LEE BLVD CRESTVIEW, FL 32536 US</b>
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03162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0997282</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>FREE, KEITH 7303 HIGHWAY 393 LAUREL HILL, FL 32567</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

UN0000475357  
04/05/06-80012-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREE, KEITH 7303 HIGHWAY 393 LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVERS, GREG G 1054 MELTON RD BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROGERS, MORRIS 3490 NEW EBERNEZER RD LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMB CROWSON, HAROLD 1956 LG RUSSELL RD BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EBM BOOKER, GARY 8228 BEAVER CREEK BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMM SENERFITT, JERRY 7305 SENTERFITT RD. LAUREL HILL, FL 32567

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:**

*Keith L. Free*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2006  
Date

850-682-3534  
Daytime Phone if