

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90390 004 ****61.25

DOCUMENT # 790971

1. Entity Name

OKALOOSA COUNTY FARM BUREAU LAA



Principal Place of Business

**921 JAMES LEE BLVD
CRESTVIEW FL 32536
US**

Mailing Address

**921 JAMES LEE BLVD
CRESTVIEW FL 32536
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0997282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EVERS, ROBERT G
1054 MELTON RD.
BAKER FL 32531**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	EVERS, ROBERT G	
STREET ADDRESS	1054 MELTON RD.	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREE, KEITH	
STREET ADDRESS	7303 HIGHWAY 393	
CITY-ST-ZIP	LAUREL HILL FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROGERS, MORRIS	
STREET ADDRESS	3490 NEW EBERNEZER RD	
CITY-ST-ZIP	LAUREL HILL FL	
TITLE	EMB	<input type="checkbox"/> Delete
NAME	CROWSON, HAROLD	
STREET ADDRESS	1956 LG RUSSELL RD	
CITY-ST-ZIP	BAKER FL	
TITLE	EBM	<input type="checkbox"/> Delete
NAME	LOONEY, LARRY	
STREET ADDRESS	1837 CO RD 180	
CITY-ST-ZIP	BAKER FL	
TITLE	BMM	<input type="checkbox"/> Delete
NAME	SENTERFITT, JERRY	
STREET ADDRESS	7305 SENTERFITT RD.	
CITY-ST-ZIP	LAUREL HILL FL	

TITLE	BMM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Booker	
STREET ADDRESS	8228 Beaver Creek Rd	
CITY-ST-ZIP	Baker, FL 32531	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert G. Evers*

7/30/03 800-682-3536

CR2E037 (10/02)