2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005
Secretary of State

DOCUMENT# 790973

Entity Name: HAMILTON COUNTY FARM BUREAU LAA

Current Principal Place of Business:

1117 NW US HWY 41
STE A
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

1117 NW US HWY 41
STE A
JASPER, FL 32052

New Mailing Address:

FEI Number: 59-6194208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOOLSBY, DAVID
9198 SW 67TH DR
JASPER, FL 32052 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:	P	( ) Delete
Name:	DEAS, DAMON	
Address:	5060 NW 20TH DR	
City-St-Zip:	JENNINGS, FL 32053	
Title:	V	( ) Delete
Name:	ADAMS, MIKE	
Address:	6834 NW 44TH ST	
City-St-Zip:	JENNINGS, FL 32053	
Title:	ST	( ) Delete
Name:	GOOLSBY, DAVID,	
Address:	5854 NW CR 146	
City-St-Zip:	JASPER, FL 32052	
Title:	D	( ) Delete
Name:	BURNETT, RAY	
Address:	7298 SW 37TH TER	
City-St-Zip:	JASPER, FL 32052	
Title:	D	( ) Delete
Name:	DEAS, JON	
Address:	5854 NW CR 146	
City-St-Zip:	JENNINGS, FL 32053	
Title:	D	( ) Delete
Name:	ERIXTON, BILL	
Address:	9987 SE 142ND BLVD	
City-St-Zip:	WHITE SPRINGS, FL 32096	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID GOOLSBY ST 02/17/2005

Electronic Signature of Signing Officer or Director — Date