

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 790973 1. Entity Name HAMILTON COUNTY FARM BUREAU LAA	
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Principal Place of Business 1117 NW US HWY 41 STE A JASPER, FL 32052	Mailing Address 1117 NW US HWY 41 STE A JASPER, FL 32052
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03102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6194208	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOOLSBY, DAVID 9198 SW 67TH DR JASPER, FL 32052
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

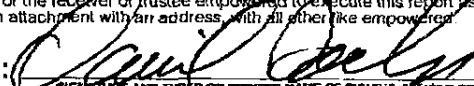
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000469724
03/27/06-80011-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAS, DAMON 5060 NW 20TH DR JENNINGS, FL 32053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, MIKE 6834 NW 44TH ST JENNINGS, FL 32053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOOLSBY, DAVID 5854 NW CR 146 JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, RAY 7298 SW 37TH TER JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAS, JON 5854 NW CR 146 JENNINGS, FL 32053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIXTON, BILL 9987 SE 142ND BLVD WHITE SPRINGS, FL 32096

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31406

386-792-1458

Date

Daytime Phone #