

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790973

FILED
Jan 30, 2007
Secretary of State

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 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: DAVID GOOLSBY

ST

01/30/2007

Electronic Signature of Signing Officer or Director

Date