

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790973

FILED  
Jan 14, 2009  
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 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

S/T

01/14/2009

Electronic Signature of Signing Officer or Director

Date