

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90028 031 ****61.25

DOCUMENT # 790980

1. Entity Name

UNION COUNTY FARM BUREAU, LAA



Principal Place of Business

325 SE 6TH ST.
LAKE BUTLER FL 32054

Mailing Address

325 SE 6TH ST.
LAKE BUTLER FL 32054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0866417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIS, ELERY
RT 4 BOX 2392
LAKE BUTLER FL 32054

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE P ☐ Delete
NAME GRIFFIS, ELERY
STREET ADDRESS RR 2 BOX 410
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE VP ☐ Delete
NAME CRAWFORD, TOMMY
STREET ADDRESS RT 1 BOX 420
CITY-ST-ZIP LAKE BUTLER FL

TITLE D ☐ Delete
NAME HARRIS, DAVID
STREET ADDRESS RR 1 BOX 434
CITY-ST-ZIP RAIFORD FL 32083

TITLE D ☐ Delete
NAME GRIFFIS, KATHERYNE
STREET ADDRESS RR 2 BOX 410
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D ☐ Delete
NAME ALVAREG, CHARLES
STREET ADDRESS PO BOX 253
CITY-ST-ZIP RAIFORD FL 32083

TITLE S ☐ Delete
NAME CRAWFORD, SANDRA
STREET ADDRESS RT 2 BOX 410
CITY-ST-ZIP LAKE BUTLER FL 32054

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition
NAME Karen Cassen
STREET ADDRESS 750 E MAIN ST
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE Director ☐ Change ☒ Addition
NAME ALVIN GRIFFIS
STREET ADDRESS 11207 NE CO RD 793
CITY-ST-ZIP RAIFORD FL 32083

TITLE Director ☐ Change ☒ Addition
NAME JASON SHADD
STREET ADDRESS PO BOX 424
CITY-ST-ZIP RAIFORD FL 32083

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Karen Cassen

1-20-06