2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2007 8:00 am
Secretary of State
03-23-2007 90018 002 ****61.25

DOCUMENT # 790980

1. Entity Name

UNION COUNTY FARM BUREAU, LAA

Principal Place of Business	Mailing Address
325 SE 6TH ST. LAKE BUTLER FL 32054	325 SE 6TH ST. LAKE BUTLER FL 32054

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President GRIFFIS, ELERY<br~~RR 2 BOX 410~~ 9022 SCo RD 231 LAKE BUTLER FL 32054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board member KAREN Cossey 750 E MAIN St LAKE Butler Fl 32054	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CRAWFORD, TOMMY<br~~RT 1 BOX 420~~ 9591 SW 65th Ter LAKE BUTLER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board member Edward Shadd POBOX 205 RAIFORD Fl 32083	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Board Member HARRIS, DAVID<br~~RR 1 BOX 434~~ 23971 NW State Rd 16 RAIFORD FL 32083	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Jason Shadd POBox 424 RAIFORD Fl 32083	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D- Board Member GRIFFIS, KATHERYNE<br~~RR 2 BOX 410~~ 9022 SCo RD 231 LAKE BUTLER FL 32054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Alvin Griffis 11207 NE Co RD 793 RAIFORD Fl 32083	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Delete ALVAREG, CHARLES PO BOX 253 RAIFORD FL 32083	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary CRAWFORD, SANDRA<br~~RT 2 BOX 410~~ 9591 SW 65th Ter LAKE BUTLER FL 32054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 E Cossey 3-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #