
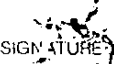


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90013 038 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GRIFFIS, ELERY RT 4 BOX 2392 LAKE BUTLER FL 32054		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	
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 signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIS, ELERY	NAME	Edward Shadd
STREET ADDRESS	3022 S. CO. RD 231	STREET ADDRESS	PO BOX 205
CITY-ST-ZIP	LAKE BUTLER FL 32054	CITY-ST-ZIP	RAIFORD FL 32083
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, TOMMY	NAME	Jason Shadd
STREET ADDRESS	9591 SW 65TH TER	STREET ADDRESS	PO BOX 424
CITY-ST-ZIP	LAKE BUTLER FL 32054	CITY-ST-ZIP	RAIFORD FL 32083
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, DAVID	NAME	ALVIN GRIFFIS
STREET ADDRESS	23971 NW STATE RD. 16	STREET ADDRESS	11207 NE CO RD 793
CITY-ST-ZIP	RAIFORD FL 32083	CITY-ST-ZIP	RAIFORD FL 32083
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIS, KATHERYNE	NAME	
STREET ADDRESS	9022 S. CO RD 231	STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	CITY-ST-ZIP	
TITLE	BM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSSEY, KAREN	NAME	
STREET ADDRESS	750 E MAIN ST.	STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, SANDRA	NAME	
STREET ADDRESS	9591 SW 56TH TERR	STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	CITY-ST-ZIP	



1st MOORE CR2E037 (10/07)

4. FEI Number **59-0866417** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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: 