

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90032 048 \*\*\*\*61.25

**DOCUMENT # N95000002477**

1. Entity Name

ESCAMBIA COUNTY FARM BUREAU, LAA



Principal Place of Business

153 HIGHWAY 97  
MOLINO FL 32577

Mailing Address

153 HIGHWAY 97  
MOLINO FL 32577

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0711497

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

BARRINEAU, MERWYN  
5616 HIGHWAY 196  
MOLINO FL 32577

deceased

Name

James D. Cunningham

Street Address (P.O. Box Number is Not Acceptable)

6030 Hwy 29 N

City

Molino

FL

Zip Code

32577

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

James D. Cunningham President

4-12-04

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

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	<input checked="" type="checkbox"/> Delete
NAME	BARRINEAU, MERWYN	
STREET ADDRESS	5615 HWY. 196	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	V	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, JIMMY	
STREET ADDRESS	6030 HWY 29 N	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEPPARD, JERRY	
STREET ADDRESS	3620 LAMBERT BRIDGE RD.	
CITY-ST-ZIP	MCDavid FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARPENTER, GEORGE	
STREET ADDRESS	1901 WILMA RD	
CITY-ST-ZIP	MC DAVID FL 32568-2215	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELHAMGY, JERRY	
STREET ADDRESS	4460 CECILS RD	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, JACK	
STREET ADDRESS	2350 HWY 97 N.	
CITY-ST-ZIP	MOLINO FL 32577	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, JAMIE	
STREET ADDRESS	6520 Highway 97	
CITY-ST-ZIP	Walnut Hill, FL 32568	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, JIMMY	
STREET ADDRESS	6030 Highway 29 N	
CITY-ST-ZIP	Molino, FL 32577	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, BRETT	
STREET ADDRESS	4761 Highway 99A	
CITY-ST-ZIP	McDavid, FL 32568	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOWLIN, ED	
STREET ADDRESS	501 W. Kingsfield Road	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCELHANEY, JERRY	
STREET ADDRESS	4460 Cecils Road	
CITY-ST-ZIP	Century, FL 32535	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, JACK	
STREET ADDRESS	2350 Highway 97 N	
CITY-ST-ZIP	Molino, FL 32577	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James D. Cunningham 850-587-2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #