

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90051 019 \*\*\*\*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

30010004



1st MOORE

CR2E037 (10/04)

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

CONNINGHAM, JAMES D  
6030 HWY 29 N  
MOLINO FL 32577

7. Name and Address of New Registered Agent

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

*James D. Cunningham, President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	HALL, JAMIE	
STREET ADDRESS	6520 HIGHWAY 97	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	P	<input type="checkbox"/> Delete
NAME	CINNINGHAM, 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	MCELHANEY, JERRY	
STREET ADDRESS	4460 CECILS RD	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	V	<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	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	GODWIN, MIKE	
STREET ADDRESS	10700 HIGHWAY 97	
CITY-ST-ZIP	WALNUT HILL, 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #