2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State
05-03-2007 90057 017 ****61.25

DOCUMENT # N95000002477

1. Entity Name
ESCAMBIA COUNTY FARM BUREAU, LAA

Principal Place of Business	Mailing Address
153 HIGHWAY 97 MOLINO, FL 32577	153 HIGHWAY 97 MOLINO, FL 32577

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

05012007 Chg-NP CR2E037 (12/06)

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
CONNINGHAM, JAMES D 6030 HWY 29 N MOLINO, FL 32577	Name: Livingston, Jack Street Address (P.O. Box Number is Not Acceptable): 2350 Hwy 97 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: Jack Livingston 4-30-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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	D HALL, JAMIE 6520 HIGHWAY 97 WALNUT HILL, FL 32568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Ward, Brett 4761 Hwy 99A McDavid, FL 32568
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CINNINGHAM, JIMMY 6030 HWY 29 N MOLINO, FL 32577	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition D Cunningham, Jimmy 6030 Hwy 29 N Molino, FL 32577
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHEPPARD, JERRY 3820 LAMBERT BRIDGE RD MCDAVID, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Godwin, Mike 10700 Hwy 97 Walnut Hill, FL 32568
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARPENTER, GEORGE 1901 WILMA RD MC DAVID, FL 325682215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition V Carpenter, George 1901 Wilma Rd Mc David, FL 32568
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCELHANEY, JERRY 4460 CECILS RD CENTURY, FL 32535	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Nowlin, Ed 501 W. Kingsfield Rd Cantonment, FL 32533
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LIVINGSTON, JACK 2350 HWY 97 N. MOLINO, FL 32577	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition P Livingston, Jack 2350 Hwy 97 N Molino, FL 32577

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Jack Livingston 5-30-07 850-587-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #