


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3. **FILED**
Apr 25, 2008 8:00 am
Secretary of State

03-31-2008 90005 017 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0711497	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LIVINGSTON, JACK 2350 HWY 97 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 <i>Jack Livingston</i> Signature, typed or printed name of registered agent and title applicable.				DATE 3-26-08 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$81.25 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 NAME STREET ADDRESS CITY - ST - ZIP	D HALL, JAMIE 6520 HIGHWAY 97 WALNUT HILL, FL 32568	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	B Ed Nowlin 901 W. Kingsfield Rd Conoverment, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUNNINGHAM, JIMMY 6030 HWY 29 N MOLINO, FL 32577	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	B Brett Ward 4761 Hwy 99A McDavid, FL 32568	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHEPPARD, JERRY 3620 LAMBERT BRIDGE RD MCDAVID, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	B Mike Godwin 10700 Hwy 97 Walnut Hill, FL 32568	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARPENTER, GEORGE 1901 WILMA RD MC DAVID, FL 325682215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP George Carpenter 1901 Wilma Rd McDavid, FL 32568	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCELHANEY, JERRY 4460 CECILS RD CENTURY, FL 32535	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIVINGSTON, JACK 2350 HWY 97 N MOLINO, FL 32577	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 817, 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: <i>Jack Livingston</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 4-21-08 Date Daytime Phone #	

66007988



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