

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002477

FILED
Feb 17, 2009
Secretary of State

Entity Name: ESCAMBIA COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

153 HIGHWAY 97
MOLINO, FL 32577

New Principal Place of Business:

Current Mailing Address:

153 HIGHWAY 97
MOLINO, FL 32577

New Mailing Address:

FEI Number: 59-0711497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON, JACK
2350 HWY 97 N
MOLINO, FL 32577 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALL, JAMIE
Address: 6520 HIGHWAY 97
City-St-Zip: WALNUT HILL, FL 32568

Title: D () Delete
Name: CUNNINGHAM, JIMMY
Address: 6030 HWY 29 N
City-St-Zip: MOLINO, FL 32577

Title: S () Delete
Name: SHEPPARD, JERRY
Address: 3620 LAMBERT BRIDGE RD
City-St-Zip: MCDAVID, FL

Title: VP () Delete
Name: CARPENTER, GEORGE
Address: 1901 WILMA RD
City-St-Zip: MC DAVID, FL 325682215

Title: D () Delete
Name: MCELHANEY, JERRY
Address: 4460 CECILS RD
City-St-Zip: CENTURY, FL 32535

Title: P () Delete
Name: LIVINGSTON, JACK
Address: 2350 HWY 97 N.
City-St-Zip: MOLINO, FL 32577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK LIVINGSTON

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date