

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730641 (8)
 1. Corporation Name
FLORIDA FARM BUREAU WOMEN'S FUND, INC.



Principal Place of Business 5700 SOUTHWEST 34TH STREET GAINESVILLE FL 32608	Mailing Address 5700 SOUTHWEST 34TH STREET GAINESVILLE FL 32608
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/10/1974	3a. Date of Last Report 05/01/1995
21	26	4. FEI Number 51-0182662	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
BUTLER, SCOTTIE J.
5700 SOUTHWEST 34TH STREET
GAINESVILLE FLORIDA FL 32608

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required for a re-filing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	SEE ATTACHED SUPPLEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMLEY, SANDRA	1.2 NAME	
STREET ADDRESS	7601 SW CONNER HWY 441	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULHAMUS, BEA	2.2 NAME	
STREET ADDRESS	1950 NORTH COUNTRY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS, THERISA	3.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 464	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL 32425	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUCK, HELEN	4.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 464	4.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKINS, SHIRLEY	5.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 2095	5.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, BARBARA ANN	6.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 28	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl B. Loop, Jr. DATE: **3/15/96** DAYTIME PHONE #: **352/374-1504**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL B. LOOP, JR., PRESIDENT

CR2E037 (12/95)

SUPPLEMENT

(Florida Farm Bureau Women's Fund, Inc.)

12. NAMES AND STREET ADDRESSES OF EACH 1996 DIRECTOR AND OFFICER

	NAMES OF OFFICERS & DIRECTORS	TITLE	STREET ADDRESS	CITY/STATE
1	Paulhamus, Bea	C/D	1950 North Country Road	Eustis, FL 32726
2	Gaskins, Shirley	VC/D	RR 2, Box 2095	Starke FL 32091
3	Taylor, Mildred	D	RR 8, Box 286	DeFuniak Spgs, FL 32433
4	Houck, Helen	D	Route 3, Box 464	Perry, FL 32347
5	Rhoden, Louise	D	RR 2, Box 581	Maccleddy FL 32063
6	Bryan, Barbara Ann	D	Route 1, Box 28	Alachua, FL 32615
7	Dickinson, Anne	D	105 S. Scenic Highway	Frostproof, FL 33843
8	Taylor, Linda	D	11401 A.D. Taylor Road	Myakka City, FL 34251
9	Brumley, Sandra	D	7601 SW Conners Hwy 441	Okeechobee, FL 34974
10	Vanderlaan, Linda	D	7252 S. Military Trail	Lake Worth FL 33463

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