

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>5700 SOUTHWEST 34TH STREET GAINESVILLE FL 32608</b>	Mailing Address <b>5700 SOUTHWEST 34TH STREET GAINESVILLE FL 32608-5372</b>
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3. Date Incorporated or Qualified <b>09/10/1974</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>51-0182662</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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**

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

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 when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUMLEY, SANDRA</b>	1.2 NAME	<b>SEE ATTACHED SUPPLEMENT</b>
STREET ADDRESS	<b>7601 SW CONNER HWY 441</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAULHAMUS, BEA</b>	2.2 NAME	
STREET ADDRESS	<b>1950 NORTH COUNTRY ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EUSTIS FL 32728</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEADOWS, THERISA</b>	3.2 NAME	
STREET ADDRESS	<b>ROUTE 4, BOX 464</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONIFAY FL 32425</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUCK, HELEN</b>	4.2 NAME	
STREET ADDRESS	<b>ROUTE 3, BOX 484</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GASKINS, SHIRLEY</b>	5.2 NAME	
STREET ADDRESS	<b>ROUTE 2, BOX 2095</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STARKE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYAN, BARBARA ANN</b>	6.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 28</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALACHUA FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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: \_\_\_\_\_ SIGNATURE REQUIRED APRIL 15, 1997 352/374-1504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011192

CR2E037 (9/96)

# SUPPLEMENT

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

## 12. NAMES AND STREET ADDRESSES OF EACH 1997 DIRECTOR AND OFFICER

	NAMES OF OFFICERS & DIRECTORS	TITLE	STREET ADDRESS	CITY/STATE
1	Paulhanns, Bea	C/D	1950 North Country Road	Ennis, 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	Howck, Helen	D	Route 3, Box 464	Perry, FL 32347
5	Rhoden, Louise	D	RR 2, Box 581	Macclenny 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	Brunley, Sandra	D	7601 SW Connors Hwy 441	Okeechobee, FL 34974
10	Dell, Bonni	D	3907 Lawson Blvd	Delray Beach, FL 33445