

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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3. Date Incorporated or Qualified 09/10/1974		
4. FEI Number 51-0182662	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUMLEY, SANDRA	1.2 NAME	SEE ATTACHED SUPPLEMENT.	
STREET ADDRESS	7601 SW CONNER HWY 441	1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP		
TITLE	VCD	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULHAMUS, BEA	2.2 NAME		SEE ATTACHED SUPPLEMENT.
STREET ADDRESS	1850 NORTH COUNTRY ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEADOWS, THERISA	3.2 NAME	SEE ATTACHED SUPPLEMENT.	
STREET ADDRESS	ROUTE 4, BOX 484	3.3 STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL 32425	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUCK, HELEN	4.2 NAME		SEE ATTACHED SUPPLEMENT.
STREET ADDRESS	ROUTE 3, BOX 484	4.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GASKINS, SHIRLEY	5.2 NAME	SEE ATTACHED SUPPLEMENT.	
STREET ADDRESS	ROUTE 2, BOX 2095	5.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, BARBARA ANN	6.2 NAME		SEE ATTACHED SUPPLEMENT.
STREET ADDRESS	ROUTE 1, BOX 28	6.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL	6.4 CITY-ST-ZIP		

14. I 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: *Carl B. ...* APRIL 15, 1998

CFR2037 (10/97)

352/374-1504

SUPPLEMENT

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

12. NAMES AND STREET ADDRESSES OF EACH 1998 DIRECTOR AND OFFICER

NAMES OF OFFICERS & DIRECTORS	TITLE	STREET ADDRESS	CITY/STATE
Paulhamus, Bea	C/D	1950 North Country Road	Eustis, FL 32726
Gaskins, Shirley	VC/D	RR 2, Box 2095	Starke FL 32091
Taylor, Mildred	D	RR 8, Box 4128	DeFuniak Spgs, FL 32433
Houck, Helen	D	Route 3, Box 464	Perry, FL 32347
Rhoden, Louise	D	RR 2, Box 581	Macclenny FL 32063
Bryan, Barbara Ann	D	22416 Old Providence Road	Alachua, FL 32615
Davis, Leta	D		
Raab, Millie	D		

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