

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

0008716

DOCUMENT # 730641

1. Entity Name

FLORIDA FARM BUREAU WOMEN'S FUND, INC.

04-30-2002 90023 045 ****61.25

Principal Place of Business

Mailing Address

**5700 SOUTHWEST 34TH STREET
 GAINESVILLE FL 32608**

**5700 SOUTHWEST 34TH STREET
 GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0182662

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, SCOTTIE J.
 5700 SOUTHWEST 34TH STREET
 GAINESVILLE FLORIDA FL 32608**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULHAMUS, BEA	NAME	<i>See Attachment</i>
STREET ADDRESS	1950 NORTH COUNTRY RD	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKINS, SHIRLEY	NAME	
STREET ADDRESS	RR 2, BOX 2095	STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MILDRED	NAME	
STREET ADDRESS	RR 2, BOX 4128	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLBERG, GINNY D	NAME	
STREET ADDRESS	RR 1, BOX 1195	STREET ADDRESS	
CITY-ST-ZIP	LEE FL 32059	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODEN, LOUISE	NAME	
STREET ADDRESS	RR 2, BOX 581	STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL 32063	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, BARBARA ANN	NAME	
STREET ADDRESS	22416 OLD PROVIDENCE RD	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	CITY-ST-ZIP	

12. 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 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 617, 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 2002 352/374-1504
 Date Daytime Phone #

CR2E037 (9/01)

SUPPLEMENT

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

12. NAMES AND STREET ADDRESSES OF EACH 2002 DIRECTOR AND OFFICER

NAMES OF OFFICERS & DIRECTORS	TITLE	STREET ADDRESS	CITY/STATE
Gaskins, Shirley	C/D	RR 2, Box 2095	Starke FL 32091
Pearlberg, Virginia	VC/D	RR 1, Box 1195	Lee, FL 32059
Taylor, Mildred	D	RR 8, Box 4128	DeFuniak Spgs, FL 32433
Poucher, Betty	D	3966 72 nd Street	Live Oak FL 32060
Cowart, Liz	D	RR 2, Box 1850	Starke FL 32091
Bryan, Barbara Ann	D	22416 Old Providence Road	Alachua, FL 32615
Williamson, Michelle	D	PO Box 959	Dover FL 33527
Bass, Joanne	D	16205 Highway 98, N.	Okeechobee, FL 34972-0404
Dell, Bonni	D	3907 Lawson Blvd.	Delray Beach, FL 33445

Attachment

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