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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 771342

1. Corporation Name
ALACHUA COUNTY FARM BUREAU, LAA

Principal Place of Business 4507 NORTHWEST 6TH STREET GAINESVILLE FL 32609-1793	Mailing Address 4507 NORTHWEST 6TH STREET GAINESVILLE FL 32609-1793
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/01/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0762130
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent

BRYAN, MYRON W.
4507 N.W. 6TH ST.
GAINESVILLE FL 32609-1793

10. Name and Address of New Registered Agent

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

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

TITLE	DST	<input type="checkbox"/> DELETE
NAME	EMERSON, CHARLES H.	
STREET ADDRESS	24017 OLD BELLAMY RD	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ODOM, DONALD M. JR.	
STREET ADDRESS	22210 OLD PROVIDENCE RD	
CITY-ST-ZIP	ALACHUA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRYAN, MYRON W.	
STREET ADDRESS	22416 OLD PROVIDENCE RD	
CITY-ST-ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Oelfke, Wayne R.	
4.3 STREET ADDRESS	27717 NW 62nd. Ave.	
4.4 CITY-ST-ZIP	High Springs, FL 32643	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Shaw, Marilyn B.	
6.3 STREET ADDRESS	16504 NW 32nd. Ave	
6.4 CITY-ST-ZIP	Newberry, FL 32660	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. 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, with all other like empowered.

SIGNATURE: *Charles H. Emerson* **REQUIRED** 3/30/99 352-378-1389

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

CR2E037 (11/98)