FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:24

DOCUMENT # 790610 (0)

1. Corporation Name

DESOTO-CHARLOTTE FARM BUREAU, LAA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1278 S.E. HWY 31 ARCADIA FL 33821	1278 S.E. HWY 31 ARCADIA FL 33821

3. Date Incorporated or Qualified: 10/03/1949
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-0817948 ☐ Applied For ☐ Not Applicable

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)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HORTON, EDMOND
1403 SE CROSS AVE.
ARCADIA FL 33821

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HORTON, EDMOND	1.2 NAME	
STREET ADDRESS	1403 SE CROSS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CARLTON, ANNA LOU	2.2 NAME	
STREET ADDRESS	P.O. BOX 335 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOCATEE FL 33864	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HARMAN, CHARLES	3.2 NAME	
STREET ADDRESS	RT. 6 BOX 5580	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, KENNETH	4.2 NAME	
STREET ADDRESS	RT. 2 BOX 670M	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SAFRON, ED	5.2 NAME	
STREET ADDRESS	2323 SANDIPINE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	RYALS, ANN	6.2 NAME	
STREET ADDRESS	P.O. BOX 55 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. OGDEN FL 33842	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)(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: Edmond W Horton 2-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0057301