FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90049 012 ****61.25

0068457

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **790610**

1. Corporation Name

DESOTO-CHARLOTTE FARM BUREAU, LAA

Principal Place of Business	Mailing Address
1278 S.E. HWY 31 ARCADIA FL 34266 US	1278 S.E. HWY 31 ARCADIA FL 34266 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/03/1949
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0817948 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARRISON, KENNETH
9180 NW LILY AVE
ARCADIA FL 34266

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 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	VD	☐ DELETE	1.1 TITLE	TSD	☐ Change ☒ Addition
NAME	AVANT, BOB		1.2 NAME	Fussell, Lynn	
STREET ADDRESS	1336 SE HWY 31		1.3 STREET ADDRESS	2922 NW Roan Street	
CITY-ST-ZIP	ARCADIA FL 34266		1.4 CITY-ST-ZIP	Arcadia, Florida 34266	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MCDONALD, MAE		2.2 NAME		
STREET ADDRESS	P.O. BOX 1500 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34265		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HORTON, EDMOND		4.2 NAME		
STREET ADDRESS	1403 SE CROSS AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, JIM		6.2 NAME		
STREET ADDRESS	5597 SW COUNTY RD 760		6.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-28-99 -941-494-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #