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

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **790637** **(3)**

1. Corporation Name

LEON COUNTY FARM BUREAU LAA

Principal Place of Business	Mailing Address
1166 CAPITAL CIRCLE SE TALLAHASSEE FL 32301	1166 CAPITAL CIRCLE SE TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1967**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-6177354** ☐ Applied For ☐ Not Applicable
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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

ROBERTS, STEPHEN G.
1166 CAPITAL CIR SE
TALLAHASSEE FL 32301

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	V	11 TITLE	V	☒ Change ☐ Addition
NAME	ROBERTS, WILLIAM T	12 NAME	ROBERTS,WILLIAM T	
STREET ADDRESS	RT 3, BOX 742	13 STREET ADDRESS	7007 ROBERTS RD	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	TALLAHASSEE,FL 32308	
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, TONY	22 NAME		
STREET ADDRESS	RT 3, BOX 571-A	23 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP		
TITLE	P	31 TITLE	P	☒ Change ☐ Addition
NAME	ROBERTS, STEVE	32 NAME	ROBETS,STEVE	
STREET ADDRESS	RT 3, BOX 742	33 STREET ADDRESS	7007 ROBERTS RD	
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	TALLAHASSEE,FL 32308	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FOGARTY, JIM	42 NAME		
STREET ADDRESS	RT 2, BOX 4390-95	43 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL 32327	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, PHYLLIS	52 NAME		
STREET ADDRESS	RT 3, BOX 571-A	53 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL 32308	54 CITY ST ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	ROBERTS, DORIS	62 NAME	STOKES,LINDA	
STREET ADDRESS	250-A VILLAS COURT NORTH	63 STREET ADDRESS	7007 ROBERTS RD	
CITY ST ZIP	TALLAHASSEE FL 32303	64 CITY ST ZIP	TALLAHASSEE,FL 32308	

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: Steven A. Roberts STEVE ROBERTS 04-26-95 877-6581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002069