

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 11:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 790738 (9)

1. Corporation Name
JEFFERSON COUNTY FARM BUREAU, LAA.

Principal Place of Business Mailing Address
**105 W ANDERSON ST
MONTICELLO FL 32344
US** **105 N ANDERSON ST
MONTICELLO FL 32344
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/17/1955** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1010268** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26** **105 W Anderson St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28** **Monticello, Fl.**
Zip Country Zip Country
24 **25** **29** **30** **32344** **US**

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
**LEWIS, DOROTHY P.
105 W ANDERSON ST
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent
01 Name **SAME**
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05** 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DOROTHY P.	1.2 NAME	No Changes
STREET ADDRESS	105 W ANDERSON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO, FL 00000 FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, DANNY III	2.2 NAME	
STREET ADDRESS	RT 3 BOX 51	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, ALLEN	3.2 NAME	
STREET ADDRESS	RT 2 BOX 33	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, HENRY	4.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 207	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGUE, EDWIN C.	5.2 NAME	
STREET ADDRESS	RT 2 BOX 70	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO, FL 00000	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMOTT, HERBERT	6.2 NAME	
STREET ADDRESS	RT. 1, BOX 197-A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	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 110.07(3)(k), 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: Dorothy P. Lewis, Pres. Date: 4/12/95 System Name: 904-997-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR