

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 790738 (9)

1. Corporation Name
JEFFERSON COUNTY FARM BUREAU, LAA.



Principal Place of Business: 105 W ANDERSON ST, MONTICELLO FL 32344, US
Mailing Address: 105 W. ANDERSON ST., MONTICELLO FL 32344, US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City, Zip, and Country.

3. Date Incorporated or Qualified: 10/17/1955
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-1010268
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

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
B1 Name: SAME
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: FL B5 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 agent 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	P <input type="checkbox"/> DELETE
NAME	LEWIS, DOROTHY P.
STREET ADDRESS	105 W ANDERSON ST
CITY-ST-ZIP	MONTICELLO, FL 00000 FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MONROE, DANNY III
STREET ADDRESS	RT 3 BOX 51
CITY-ST-ZIP	MONTICELLO, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	BOYD, ALLEN
STREET ADDRESS	RT 2 BOX 33
CITY-ST-ZIP	MONTICELLO FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WARREN, HENRY
STREET ADDRESS	ROUTE 1, BOX 207
CITY-ST-ZIP	MONTICELLO, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	FAGUE, EDWIN C.
STREET ADDRESS	RT 2 BOX 70
CITY-ST-ZIP	MONTICELLO, FL 00000
TITLE	ST <input type="checkbox"/> DELETE
NAME	DEMOTT, HERBERT
STREET ADDRESS	RT. 1, BOX 197-A
CITY-ST-ZIP	MONTICELLO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	No changes -
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 Date: 4/25/96 Daytime Phone #: 904/997-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)