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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32344-1301, US

3. Date Incorporated or Qualified: 10/17/1955
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1010268	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> 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
81 Name: T Buckingham Bird
82 Street Address (P.O. Box Number is Not Acceptable): 105 W Anderson St
83
84 City: Monticello FL 85 Zip Code: 32344

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: *T Buckingham Bird* T Buckingham Bird DATE: 4/21/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" 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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lewis, Dorothy P	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS	Rt 1 Box 233	
1.4 CITY-ST-ZIP	Monticello Fl	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T Buckingham Bird	
3.3 STREET ADDRESS	105 W Anderson St	
3.4 CITY-ST-ZIP	Monticello Fl	
4.1 TITLE	2nd V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Warren, Henry	
4.3 STREET ADDRESS	Rt 1 Box 207	
4.4 CITY-ST-ZIP	Monticello Fl	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lewis, David S.	
5.3 STREET ADDRESS	Rt 3 Box 127-G	
5.4 CITY-ST-ZIP	Monticello Fl	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *T Buckingham Bird* DATE: 4/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

