


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 790738 (9)  
1. Corporation Name  
JEFFERSON COUNTY FARM BUREAU, LAA.

FILED  
JUN -5 PM 4:15  
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified  
10/17/1955  
4. FEI Number  
59-1010268  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent  
BIRD, BUCKINGHAM R  
105 W ANDERSON ST  
MONTICELLO FL 32344

10. Name and Address of New Registered Agent  
81 Name David S Lewis  
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 *David S Lewis Pres* DATE 4/28/98  
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DOROTHY P.	1.2 NAME	900002553189
STREET ADDRESS	RT. 1 BOX 233	1.3 STREET ADDRESS	05/09/98--0119--015
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D <input type="checkbox"/> DELETE	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	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, BUCKINGHAM	4.2 NAME	Birds Buckingham
STREET ADDRESS	105 W ANDERSON ST	4.3 STREET ADDRESS	<del>105 W ANDERSON ST</del> P.O. Box 247 N/A
CITY-ST-ZIP	MONTICELLO FL	4.4 CITY-ST-ZIP	Monticello FL 32344
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DAVID S.	5.2 NAME	Lewis, David S.
STREET ADDRESS	RT. 3, BOX 127-G	5.3 STREET ADDRESS	105 W. Anderson St.
CITY-ST-ZIP	MONTICELLO FL	5.4 CITY-ST-ZIP	Monticello, FL 32344
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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: *David S Lewis Pres* DAVID S. LEWIS 4/28/98

CR2E037 (10/97)