


FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90068 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790738

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
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/17/1955
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1010268
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
25. Country	29. Country	30. Country
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$8.75 Additional Fee Required
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEWIS, DAVID S
105 W ANDERSON ST
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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* DATE: 4/19/99

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	
STREET ADDRESS	RT. 1 BOX 233	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	
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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, BUCKINGHAM	4.2 NAME	
STREET ADDRESS	P.O. BOX 247 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32345	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DAVID S	5.2 NAME	
STREET ADDRESS	105 W. ANDERSON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	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	

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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 with all other like empowered.

SIGNATURE: *David S. Lewis* DATE: 4/19/99 DAYTIME PHONE #: 850 497-6254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)