

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:28

DOCUMENT # 790897 (3)

1. Corporation Name

LIBERTY COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

% MARY D TANNER
RT 1, BOX 104
BRISTOL FL 32321-9511

% MARY D TANNER
RT 1, BOX 104
BRISTOL FL 32321-9511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/10/1964

3a. Date of Last Report
02/08/1994

4. FEI Number
59-6194531

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. 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 ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUNSFORD, BETTY J.
POST OFFICE BOX 721
HIGHWAY 12 SOUTH
BRISTOL FL 32321

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	LUNSFORD, BETTY	POST OFFICE BOX 721	BRISTOL FL
V	BRINKLEY, JOE	ROUTE 1 BOX 243D	BRISTOL FL
D	STOULTZFUS, JERRY	POST OFFICE BOX 516	BRISTOL FL
D	STOUTAMIRE, TOMMY	ROUTE 1 BOX 70 A	HOSFORD FL
D	SUMNER, AMOS	ROUTE 1 BOX 81 A	HOSFORD FL
D	FORAN, ALVIN	ROUTE 1 BOX 115	BRISTOL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	Wilhoit Euhanks	Rt 1 Box 228 E	BRISTOL FL 32321	☐	☐
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	☒	☐
D	Schmarje, Jeffery	Rt. 1, Box 373	Bristol, FL 32321	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☒	☐
		Route 1, Box 72	Holsford, FL 32334	☐	☐
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty J. Lunsford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY J. LUNSFORD, PRESIDENT

3-3-95

DATE

(904)643-2221

DAYTIME PHONE