

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 791134

1. Corporation Name

Florida Council of Farmer Cooperatives

Principal Place of Business

Mailing Address

c/o 7000 Waverly Road
Waverly, Florida 33877

Post Office Box 287
Waverly, Florida 33877

3. Date Incorporated or Qualified
1940

3a. Date of Last Report
1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1775969

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

N. Perry Hansen
7000 Waverly Road
Waverly, Florida 33877

10. Name and Address of New Registered Agent

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 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

N. Perry Hansen

N. Perry Hansen, President

March 19, 1996

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	N. Perry Hansen	
STREET ADDRESS	7000 Waverly Road	
CITY-ST-ZIP	Waverly, Florida 33877	
TITLE	Vice President/Director	<input type="checkbox"/> DELETE
NAME	Charles M. Sanders	
STREET ADDRESS	1991 74th Avenue	
CITY-ST-ZIP	Vero Beach, Florida 32961	
TITLE	Secretary/Director	<input type="checkbox"/> DELETE
NAME	David Kernodle	
STREET ADDRESS	5916 Waverly Road	
CITY-ST-ZIP	Waverly, Florida 33877	
TITLE	Treasurer/Director	<input type="checkbox"/> DELETE
NAME	Sam Weeks	
STREET ADDRESS	Highway 90 West	
CITY-ST-ZIP	Live Oak, Florida 32060	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Michael Carlton	
STREET ADDRESS	302 S. Massachusetts Ave	
CITY-ST-ZIP	Lakeland, Florida 33801	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Bobby Bennett	
STREET ADDRESS	5700 S. W. 34th Street	
CITY-ST-ZIP	Gainesville, Florida 32608	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

100001757021
03/26/96-01044-019
***61.25

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 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, that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

N. Perry Hansen

N. Perry Hansen, President 3/19/96

941/439-3602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, mo Phone #

CR2E037 (12/95)

3-25-1996