

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **791134** (0)
1. Corporation Name

FLORIDA COUNCIL OF FARMER COOPERATIVES



Principal Place of Business C/O 7000 WAVERLY ROAD WAVERLY FL 33877	Mailing Address POST OFFICE BOX 287 WAVERLY FL 33877-0287
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3. Date Incorporated or Qualified 10/27/1982	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21 1485 50TH COURT Suite, Apt. #, etc.	2a. Mailing Address 26 1485 50TH COURT Suite, Apt. #, etc.	4. FEI Number 59-1775969 Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 VERO BEACH, FL	27 City & State 28 VERO BEACH, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32966 Country USA	29 Zip 32966 Country U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**HANSEN, N. PERRY
7000 WAVERLY ROAD
WAVERLY FL 33877**

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, N. PERRY	1.2 NAME	
STREET ADDRESS	7000 WAVERLY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAVERLY FL 33877	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT AND DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, CHARLES M.	2.2 NAME	
STREET ADDRESS	1991 74TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO FL 32961	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBITT, BEN	3.2 NAME	
STREET ADDRESS	2941 PLANTATION ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, SAM	4.2 NAME	
STREET ADDRESS	HIGHWAY 90 WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, MICHAEL	5.2 NAME	
STREET ADDRESS	302 S. MASSACHUSETTS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33802	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BOBBY	6.2 NAME	
STREET ADDRESS	5700 SOUTHWEST 34TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	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)(f), 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:  **SAM W WEEKS** 3/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054987

CR2E037 (9/96)

Additional Directors — Titles of Officers are Shown Opposite Their Names

Vice President

David Kernodle
Post Office Box K
Waverly, Florida 33877
(941) 439-1661

Secretary

D. Reid Smith
Post Office Drawer 9
Umatilla, Florida 32784-0009
(904) 669-2101

*All the above officers are also directors.

BOARD OF DIRECTORS

Dennis Broadway
Post Office Box 337
Haines City, Florida 33844-0337
(941) 422-1174

Richard W. Joyner
Post Office Box 71
Bradenton, Florida 34206-0071
(941) 745-1080

Reggie Brown
Post Office Box 140155
Orlando, Florida 32814-0155
(407) 894-1351

William T. Mulcay, Jr.,
Post Office Box 1310
Wauchula, Florida 33873-1310
(941) 773-4116

J. Wendell Cannon
200 Galleria Parkway - Suite 1810
Atlanta, Georgia 30339
(800) 255-7429, Ext. 3276

David Mullis
P.O. Drawer 1000
Live Oak, FL 32060-1000
(904) 362-2544

Michael O. Carlton
Post Office Box 89
Lakeland, Florida 33802
(941) 682-1111

John Nelson
Post Office Box 1739
Dundee, Florida 33838-1739
(941) 439-1574

Dr. Harold B. Clark
3506 NW 30th Place
Gainesville, FL 32605
(352) 372-7809

Dr. Rubert W.
111 Lake Hollingsworth Drive
Lakeland, Florida 33801-5698
(941) 680-4333

Aubrey Fowler
P.O. Box 1531
Live Oak, FL 32060-1511
(904) 362-1979

Donald Sims
Post Office Box 1111
Lake Wales, Florida 33853
(941) 676-7641

Arden Hintzmann
P.O. Box 5559
Lake Worth, FL 33466-5559
(800) 432-4156

Marie Stiles
Post Office Box 1499
Columbia, South Carolina 29202-1499
(803) 799-5000

Greg Johnson
4111 Metric Drive - Suite 5
Winter Park, Florida 32792
(407) 657-0557

Charles Thompson, President
Farm Credit of North Florida, ACA
Post Office Box 909
Alachua, Florida 32615-0909