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

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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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

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 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 _____ DATE
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	P	1.1 TITLE	D ☐ Change ☐ Addition
NAME	LUNSFORD, BETTY	1.2 NAME	Wilhoit Eulamba
STREET ADDRESS	POST OFFICE BOX 721	1.3 STREET ADDRESS	Rt 1 Box 228E
CITY-ST-ZIP	BRISTOL FL	1.4 CITY-ST-ZIP	Bristol Fla. 32321
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BRINKLEY, JOE	2.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 243D	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	STOULTZFUS, JERRY	3.2 NAME	D
STREET ADDRESS	POST OFFICE BOX 516	3.3 STREET ADDRESS	Schmarje, Jeffery
CITY-ST-ZIP	BRISTOL FL	3.4 CITY-ST-ZIP	Rt. 1, Box 373 Bristol, FL 32321
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	STOUTAMIRE, TOMMY	4.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 70 A	4.3 STREET ADDRESS	Route 1, Box 72
CITY-ST-ZIP	HOSFORD FL	4.4 CITY-ST-ZIP	Holsford, FL 32334
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SUMNER, AMOS	5.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 01 A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FORAN, ALVIN	6.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 115	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	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 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: Betty J. Lunsford 3-3-95 (904)643-2221
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #
BETTY J. LUNSFORD, PRESIDENT