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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 733100 (2)

1. Corporation Name
ORANGE COUNTY FARM BUREAU FUND, INC.

Principal Place of Business	Mailing Address
4241 N. JOHN YOUNG PKWY. #1500 ORLANDO FL 32804 US	2812 HIAWASSEE RD P O BOX 565694 ORLANDO FL 32856-2694

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1975
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-0714004 ☐ 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

BUTLER, SCOTTIE
6700 SW 34 STREET
GAINESVILLE FL

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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DIETRICH, H. FRED III	1.2 NAME	Robbie Roberson	
STREET ADDRESS	10 SEMINOLE TRAIL	1.3 STREET ADDRESS	Box 549 NH	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Plymouth, Florida 32768	
TITLE	VP	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	BURCH, WILLIAM B	2.2 NAME	Burch, William B	
STREET ADDRESS	905 W. STORY ROAD	2.3 STREET ADDRESS	905 W. Story Rd.	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	Winter Garden, Fl. 34787	
TITLE	TD	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	GELTZ, THEODORE J	3.2 NAME	GELTZ, THEODORE H., JR.	
STREET ADDRESS	17283 DAVENPORT RD	3.3 STREET ADDRESS	17283 Davenport Rd.	
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	Winter Garden, Fl. 34787	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 alteration.

SIGNATURE: Theodore H. Geltz, Jr. 2/23/95 (407)293-2456
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0014408