

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 # **790439** (4)

1. Corporation Name

COLLIER COUNTY FARM BUREAU LAA



Principal Place of Business

**395 NORTH 15TH ST
IMMOKALEE FL 33934**

Mailing Address

**395 NORTH 15TH ST
IMMOKALEE FL 33934**

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEWSOME, ROBERT
1320 NO 15 STR
IMMOKALEE FL 33934**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	NEWSOME, ROBERT	
STREET ADDRESS	1320 NO 15 STR	
CITY-STATE-ZIP	IMMOKALEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLEMAN, ROBERT M	
STREET ADDRESS	1011 W MAIN STR, STE 1	
CITY-STATE-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, STEPHEN	
STREET ADDRESS	1400 N. 15TH STREET	
CITY-STATE-ZIP	IMMOKALEE FL 33934	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SHERROD, MILDRED	
STREET ADDRESS	P.O. BOX 875 N/A	
CITY-STATE-ZIP	IMMOKALEE FL 33934	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARFORD, STANLEY R.	
STREET ADDRESS	P.O. BOX 5123 N/A	
CITY-STATE-ZIP	IMMOKALEE FL 33934	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARFIELD, JAMES	
STREET ADDRESS	P.O. BOX 5501 N/A	
CITY-STATE-ZIP	IMMOKALEE FL 33934	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-657-3644

CR2E037 (12/95)