

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 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 34142-34023. Date Incorporated or Qualified
06/12/19673a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-6177720Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition
1.2 NAME Newsome, Robert
1.3 STREET ADDRESS 395 N. 15th Street
1.4 CITY - ST - ZIP Immokalee, FL 341422.1 TITLE D Change Addition
2.2 NAME Spires, James
2.3 STREET ADDRESS P.O. Box 1048 N/A
2.4 CITY - ST - ZIP Immokalee, FL 341433.1 TITLE D Change Addition
3.2 NAME Crews, Floyd
3.3 STREET ADDRESS P.O. BOX 610 N/A
3.4 CITY - ST - ZIP Immokalee, FL 341434.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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, changed, or on an attachment with an address.

SIGNATURE: Robert Coleman, Jr V-Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97

941-657-3667

Daytime Phone # 0060500

CR2E037 (9/96)