

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **790439** (4)

1. Corporation Name

COLLIER COUNTY FARM BUREAU LA

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/12/1967

4. FEI Number

59-6177720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Barfield, James E.

82 Street Address (P.O. Box Number is Not Acceptable)

395 N. 15th Street

83

84 City

Immokalee

FL

85 Zip Code

34142

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 **James E. Barfield**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/28/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **NEWSOME, ROBERT**
STREET ADDRESS **395 N 15TH ST**
CITY-ST-ZIP **IMMOKALEE FL**

TITLE **V** ☐ DELETE

NAME **COLEMAN, ROBERT M**
STREET ADDRESS **1011 W MAIN STR, STE 1**
CITY-ST-ZIP **IMMOKALEE FL**

TITLE **D** ☐ DELETE

NAME **PRICE, STEPHEN**
STREET ADDRESS **1400 N. 15TH STREET**
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE **ST** ☐ DELETE

NAME **SHERROD, MILDRED**
STREET ADDRESS **P.O. BOX 875 N/A**
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE **D** ☐ DELETE

NAME **WARFORD, STANLEY R.**
STREET ADDRESS **P.O. BOX 5123 N/A**
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE **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 **Barfield, James E.**
1.3 STREET ADDRESS **395 N. 15th Street**
1.4 CITY-ST-ZIP **Immokalee, FL**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **Coleman, Robert M**
2.3 STREET ADDRESS **1400 N.15th Street, Suite A**
2.4 CITY-ST-ZIP **Immokalee, FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **Newsome, Robert**
6.3 STREET ADDRESS **1320 No 15th Street**
6.4 CITY-ST-ZIP **Immokalee, FL**

14. I 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 if changed, or on an attachment with an address.

SIGNATURE **James E. Barfield**

4/28/98

941-657-3667

CP2E037 (1097)