

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 26 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790440 (2)

1. Corporation Name

MARION COUNTY FARM BUREAU, LAA

Principal Place of Business

5800 S W 20 TH STREET
OCALA FL 32674

Mailing Address

5800 S W 20 TH STREET
OCALA FL 32674

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

04/20/1994

4. FEI Number

59-0674589

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34474

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired

\$0.75 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. 109.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BARBER, T. RICHARD
2940 W. SILVER SPRINGS BLVD
OCALA FL 34475

10. Name and Address of New Registered Agent

01 Name

Buhl, Jr. J

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

7530 S.W. 38th Avenue

03

04 City

Ocala

FL

85 Zip Code
34476

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *J. D. Buhl*

1-20-95

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when nominating)

DATE

TITLE PD
NAME BARBER, T. RICHARD
STREET ADDRESS 2940 W. SILVER SPRINGS BLVD
CITY-ST-ZIP Ocala FL 34475

TITLE VD
NAME BUHL, JR. J
STREET ADDRESS 7530 SW 38TH AVE
CITY-ST-ZIP Ocala FL

TITLE TD
NAME LEWIS, D A
STREET ADDRESS 2930 S.E. 42ND STREET
CITY-ST-ZIP Ocala FL

TITLE SD
NAME DAILEY, TODD
STREET ADDRESS 1420 SE 10TH AVE
CITY-ST-ZIP Ocala FL

TITLE D
NAME REAVES, DAVID
STREET ADDRESS 4905 E. 155TH STREET
CITY-ST-ZIP SUMMERFIELD FL

TITLE D
NAME CANNON, PERRY C
STREET ADDRESS P.O. BOX 728 N/A
CITY-ST-ZIP DUNNELLON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

PD
Buhl, Jr. J
7530 SW 38th Avenue
Ocala, FL 34476

Change Addition

VD
Grant, Marilyn
2850 NW 100th Street
Ocala, FL 34475

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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Change Addition

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. D. Buhl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-95

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