

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 790440 (2)**

1. Corporation Name

**MARION COUNTY FARM BUREAU, LAA**



Principal Place of Business

Mailing Address

5800 S W 20 TH STREET  
OCALA FL 34474  
US

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OCALA FL 34474  
US

3. Date Incorporated or Qualified  
**06/12/1967**

3a. Date of Last Report  
**01/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-0674589**

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**

8. 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

**BUHI, JR. J.  
7530 SOUTH WEST 38TH AVENUE  
OCALA FL 34476**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Buhl, Jr. J.**  
1.3 STREET ADDRESS **7530 SW 38th Avenue**  
1.4 CITY-ST-ZIP **Ocala, FL 34476**

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

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **Grant, Marilyn**  
2.3 STREET ADDRESS **2850 NW 100th ST**  
2.4 CITY-ST-ZIP **Ocala, FL 34475**

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

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **Richard Barber**  
3.3 STREET ADDRESS **2940 W S.S. Blvd**  
3.4 CITY-ST-ZIP **Ocala, FL 34475**

TITLE **SD** ☐ DELETE  
NAME **DAILEY, TODD**  
STREET ADDRESS **1420 SE 10TH AVE**  
CITY-ST-ZIP **OCALA FL**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Kriemeyer, Louis D.**  
4.3 STREET ADDRESS **Route 1 Box 1010**  
4.4 CITY-ST-ZIP **Anthony, FL 32617**

TITLE **D** ☐ DELETE  
NAME **BRANARD, GRANT**  
STREET ADDRESS **2850 N.W. 100TH STREET**  
CITY-ST-ZIP **OCALA FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Love, Jr. Sam**  
5.3 STREET ADDRESS **10825 SE Sunset Harbor Rd**  
5.4 CITY-ST-ZIP **Summerfield, FL 34491**

TITLE **D** ☐ DELETE  
NAME **CANNON, PERRY C**  
STREET ADDRESS **P.O. BOX 726 N/A**  
CITY-ST-ZIP **DUNNELLON FL**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Williams, Jack**  
6.3 STREET ADDRESS **Route 1 Box 636**  
6.4 CITY-ST-ZIP **Micanopy, FL 32667**

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

**James Buhl, Jr.**

**1-24-96**

**(352) 237-0459**

CR2E037 (12/95)