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Mar 31 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

5800 S W 20 TH STREET  
OCALA FL 34474  
US

Mailing Address

5800 S W 20 TH STREET  
OCALA FL 34474-9380  
US

3. Date Incorporated or Qualified  
06/12/1967

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

BUHL, 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

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

TITLE VD  
NAME GRANT, MARILYN  
STREET ADDRESS 2850 NW 100TH ST  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME BARBER, RICHARD  
STREET ADDRESS 2940 W S.S. BLVD  
CITY-ST-ZIP Ocala FL

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

TITLE D  
NAME BRANARD, GRANT  
STREET ADDRESS 2850 N.W. 100TH STREET  
CITY-ST-ZIP Ocala FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
1.2 NAME BUHL, JR. J  
1.3 STREET ADDRESS 7530 SW 38th Avenue  
1.4 CITY-ST-ZIP Ocala, FL ☒ Change ☐ Addition

2.1 TITLE PD  
2.2 NAME GRANT, MARILYN  
2.3 STREET ADDRESS 2850 NW 100th ST.  
2.4 CITY-ST-ZIP Ocala, FL ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

*Marilyn Grant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 24 '97*  
Date

Daytime Phone # 0085832

CR2E037 (9/96)