

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90069 010 \*\*\*\*61.25

0070472

**DOCUMENT # 790440**

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  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**06/12/1967**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

*James D. Buhl, Jr.*

**James D. Buhl, Jr.**

**1-12-99**

(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 ☐ DELETE  
NAME **VP**  
STREET ADDRESS **BUHL, JR. J.**  
CITY-ST-ZIP **7530 SW 38TH AVENUE**  
**OCALA FL**

TITLE ☒ DELETE  
NAME **PD**  
STREET ADDRESS **GRANT, MARILYN**  
CITY-ST-ZIP **2850 NW 100TH ST**  
**OCALA FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BARBER, RICHARD**  
CITY-ST-ZIP **2940 W S.S. BLVD**  
**OCALA FL**

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

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

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **DALENIS, JR**  
CITY-ST-ZIP **2930 S.E. 41ST PL**  
**OCALA FL 34480**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD**  
1.3 STREET ADDRESS **Buhl, Jr. J.**  
1.4 CITY-ST-ZIP **7530 S.W. 38th Ave.**  
**OCALA, FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **VP**  
2.3 STREET ADDRESS **TROY Harbison**  
2.4 CITY-ST-ZIP **R.R. 1 Box 1701**  
**Anthony, FL 32617**

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 ☒ Change ☐ Addition  
6.2 NAME **TD**  
6.3 STREET ADDRESS **D.A. Lewis, Jr.**  
6.4 CITY-ST-ZIP **2930 S.E. 41st Pl**  
**OCALA, FL 34480**

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, with all other like empowered.

SIGNATURE: *James D. Buhl, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-99 352-237-2124**

Date

Daytime Phone #

CR2E037 (11/98)