

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 # **790443** (6)

1. Corporation Name

JACKSON COUNTY FARM BUREAU LAA



Principal Place of Business

Mailing Address

**4442 LAFAYETTE STREET
MARIANNA FL 32446**

**4442 LAFAYETTE STREET
MARIANNA FL 32446-3424
US**

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0711690

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**

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

**FORD, LARY
5016 FORD ROAD
~~FREENWOOD~~ FL 32443
~~GREENWOOD~~**

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

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

**FORD, LARRY
5016 FORD ROAD
GREENWOOD FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP

☐ DELETE

NAME

**THOMAS, CLIFTON
2998 PARK STREET
MARIANNA FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

ST

☐ DELETE

NAME

**CONRAD, WILLIAM B
5348 HWY 2
BASCOM FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**BASFORD, STEVE
1212 SPIVEY ROAD
GRAND RIDGE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**DANIELS, LELAND
6898 MESSER ROAD
SNEADS FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**DIETRICH, GORDON
1987 HWY 2
GRACEVILLE FL**

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

Date

Daytime Phone #

CR2E037 (12/95)