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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 324464442 LAFAYETTE STREET
MARIANNA FL 32446-3405
US

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

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

01/30/1996

4. FEI Number

59-0711690

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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, LARRY
5016 FORD ROAD
FREENWOOD FL 32443

81

Name

Clifton Thomas

82

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

4442 Lafayette Street

83

84

City

Marianna

FL

85

Zip Code

32446

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

NAME

STREET ADDRESS

CITY-ST-ZIP

FORD, LARRY

5016 FORD ROAD

GREENWOOD FL

VP

THOMAS, CLIFTON

2998 PARK STREET

MARIANNA FL

ST

CONRAD, WILLIAM B

5848 HWY 2

BASCOM FL

D

BASFORD, STEVE

1212 SPIVEY ROAD

GRAND RIDGE FL

D

DANIELS, LELAND

6898 MESSER ROAD

SNEADS FL

D

DIETRICH, GORDON

1987 HWY 2

GRACEVILLE F

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Clifton Thomas

4442 Lafayette Street

Marianna FL 32446

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

William B. Conrad

5848 Hwy 2

Bascom FL 32423

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Leland Daniels

6898 Messer Rd

Sneads FL 32460

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Gordon Dietrich

1987 Hwy 2

Graceville FL 32440

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Larry Ford

5016 Ford Road

Greenwood FL 32443

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Hank Floyd

5881 Ridge Road

Marianna FL 32445

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:

Leland Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

Date

904-4825751

Daytime Phone 1010188

CR2007 (9/96)