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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/12/1967

4. FEI Number

59-0711690

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

**THOMAS, CLIFTON
4442 LAFAYETTE ST
MARIANNA FL 32446**

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

1/18/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P THOMAS, CLIFTON**
STREET ADDRESS **4442 LAFAYETTE ST**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☐ DELETE

NAME **STD CONRAD, WILLIAM B.**
STREET ADDRESS **5848 HIGHWAY 2**
CITY-ST-ZIP **BASCOM FL**

TITLE ☐ DELETE

NAME **V DANIELS, LELAND**
STREET ADDRESS **6989 MESSER ROAD**
CITY-ST-ZIP **SNEADS FL**

TITLE ☐ DELETE

NAME **D DIETRICH, GORDON**
STREET ADDRESS **1987 HWY. 2**
CITY-ST-ZIP **GRACEVILLE FL**

TITLE ☒ DELETE

NAME **D FORD, LARRY**
STREET ADDRESS **5016 FORD LORD**
CITY-ST-ZIP **GREENWOOD FL**

TITLE ☐ DELETE

NAME **D FLOYD, HANK**
STREET ADDRESS **5881 OLDUS ROAD**
CITY-ST-ZIP **MALONE FL**

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

Jame Calloway
PO Box 515
Malone FL 32445
Director
4637 Hwy 2
Malone FL 32445

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.

SIGNATURE:

Signature, typed or printed name of signing officer or director

1/15/98

CR25037 (10/97)