

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90043 024 ****61.25

0010512

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 790443

1. Corporation Name

JACKSON COUNTY FARM BUREAU LAA

Principal Place of Business

**4442 LAFAYETTE STREET
MARIANNA FL 32446**

Mailing Address

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

106997-90043-24
DEPARTMENT OF STATE



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

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

☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

JEFFERY PITTMAN

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

3980 WINTERGREEN ROAD

83

GREENWOOD

84 City

FL

85 Zip Code

32443

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

Jeffery Pittman

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

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

TITLE **STD** ☒ DELETE

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

TITLE **V** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **CALLOWAY, JAME**
STREET ADDRESS **4637 HWY 2**
CITY-ST-ZIP **MALONE FL 32445**

TITLE **D** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **JEFFERY PITTMAN**
1.3 STREET ADDRESS **GREENWOOD FLORIDA**
1.4 CITY-ST-ZIP **32443**

2.1 TITLE **VICE-PRESIDENT** ☐ Change ☐ Addition

2.2 NAME **LELAND DANIELS**
2.3 STREET ADDRESS **6898 MESSER ROAD**
2.4 CITY-ST-ZIP **SNEADS FLORIDA 32460**

3.1 TITLE **SECRETARY-TREASURER** ☒ Change ☐ Addition

3.2 NAME **HANK FLOYD**
3.3 STREET ADDRESS **5881 OLD US ROAD**
3.4 CITY-ST-ZIP **MALONE FLORIDA 32445**

4.1 TITLE **DIRECTOR** ☐ Change ☐ Addition

4.2 NAME **GORDON DIETRICH**
4.3 STREET ADDRESS **1987 HWY 2 GRACEVILLE FLORIDA**
4.4 CITY-ST-ZIP **32440**

5.1 TITLE **DIRECTOR** ☐ Change ☐ Addition

5.2 NAME **JAMES CALLOWAY**
5.3 STREET ADDRESS **4637 HWY 2**
5.4 CITY-ST-ZIP **MALONE FLORIDA 32445**

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

6.2 NAME **GLENELL CONNER**
6.3 STREET ADDRESS **3007 HWY 69**
6.4 CITY-ST-ZIP **GRAND RIDGE FLORIDA 32442**

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: *Jeffery Pittman* **SIGNATURE REQUIRED**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

1-13-99 1904 482-

CR2E037 (1/98)