


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 790447 (7) 1. Corporation Name LEE COUNTY FARM BUREAU, LAA.					
Principal Place of Business 2744 E EDISON AVE. FT MYERS FL 33916			Mailing Address 2744 E EDISON AVE. FT MYERS FL 33916		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1967	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1110069	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
MCMAHON, SHELLY D 8500 PENZANCE BLVD. FORT MYERS FL 33912		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	V	<input type="checkbox"/> DELETE			
NAME	SCHUETZ, JERRY				
STREET ADDRESS	15130 N. PEBBLE LANE				
CITY-ST-ZIP	FORT MYERS FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	MCMAHON, ROBERT E. JR.				
STREET ADDRESS	8500 PENZANCE BLVD.				
CITY-ST-ZIP	FT MYERS, FL 33908				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	MCMAHON, ROBERT E				
STREET ADDRESS	8500 PENZANCE BLVD.				
CITY-ST-ZIP	FT. MYERS FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	MCMAHON, SHELLY D				
STREET ADDRESS	8500 PENZANCE BLVD.				
CITY-ST-ZIP	FT. MYERS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	NYCHYK JR., ANDREW J.				
STREET ADDRESS	6267 FOXFIRE LAND				
CITY-ST-ZIP	FORT MYERS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HAWKINS, GEORGE T. JR.				
STREET ADDRESS	17060 E. LAKE DR.				
CITY-ST-ZIP	NORTH FT MYERS FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME		Zip 33912			
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		Zip 33912			
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME		Robert E. McMahon Jr.			
3.3 STREET ADDRESS		Zip 33912			
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME		Zip 33912			
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME		D Nychyk, Jr., Andrew J.			
5.3 STREET ADDRESS		6944 Old Whiskey Creek Drive			
5.4 CITY-ST-ZIP		Fort Myers, FL 33919			
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME		Zip 33917			
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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: Shelly D McMahon

1-16-98 941-334-1953

CR2E037 (10/97)