

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790479** (0)

1. Corporation Name

**COLUMBIA COUNTY FARM BUREAU LAA.**



Principal Place of Business <b>SOUTH ON HWY 47 RT.10.BOX 918 LAKE CITY FL 32025 US</b>	Mailing Address <b>SOUTH ON HWY 47 RT.10.BOX 918 LAKE CITY FL 32025 US</b>
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3. Date Incorporated or Qualified  
**10/06/1944**

4. FEI Number  
**59-1082806**

Applied For  
☐ Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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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

9. Name and Address of Current Registered Agent <b>GOCEK, LARRY RT 2 BOX 950 HIGH SPRINGS FL 32643</b>	
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10. Name and Address of New Registered Agent	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOCEK, LARRY</b>	1.2 NAME	
STREET ADDRESS	<b>ROUTE 2, BOX 950</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIGH SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSELEY, LAMAR</b>	2.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 312</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WHITE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, RANDY</b>	3.2 NAME	
STREET ADDRESS	<b>ROUTE 4, BOX 40</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERRY, JAMES I.</b>	4.2 NAME	
STREET ADDRESS	<b>ROUTE 5, BOX 608</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWNSEND, W. H.</b>	5.2 NAME	
STREET ADDRESS	<b>ROUTE 8, BOX 3960</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, C. W.</b>	6.2 NAME	
STREET ADDRESS	<b>ROUTE 6, BOX 69</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	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:  2-13-98 (904) 752-4003

CR2E037 (10/97)