

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90018 039 ****61.25

DOCUMENT # 790479

1. Corporation Name

COLUMBIA COUNTY FARM BUREAU LAA.

Principal Place of Business

SOUTH ON HWY 47
RT.10.BOX 918
LAKE CITY FL 32025
US

Mailing Address

SOUTH ON HWY 47
RT.10.BOX 918
LAKE CITY FL 32025
US



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/06/1944

4. FEI Number

59-1082806

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

9. Name and Address of Current Registered Agent

GOCEK, LARRY
RT 2 BOX 950
HIGH SPRINGS FL 32643

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME GOCEK, LARRY
STREET ADDRESS ROUTE 2, BOX 950
CITY-ST-ZIP HIGH SPRINGS FL

TITLE D ☐ DELETE

TITLE D
NAME MOSELEY, LAMAR
STREET ADDRESS ROUTE 1, BOX 312
CITY-ST-ZIP FT. WHITE FL

TITLE D ☐ DELETE

TITLE D
NAME KING, RANDY
STREET ADDRESS ROUTE 4, BOX 40
CITY-ST-ZIP LAKE CITY FL

TITLE D ☐ DELETE

TITLE D
NAME TERRY, JAMES I.
STREET ADDRESS ROUTE 5, BOX 608
CITY-ST-ZIP LAKE CITY FL

TITLE D ☐ DELETE

TITLE D
NAME TOWNSEND, W. H.
STREET ADDRESS ROUTE 8, BOX 3960
CITY-ST-ZIP LAKE CITY FL

TITLE D ☐ DELETE

TITLE D
NAME HILL, C. W.
STREET ADDRESS ROUTE 6, BOX 69
CITY-ST-ZIP LAKE CITY 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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 (904) 752-4003

Date

Daytime Phone #

CR2E037 (11/98)

0000199