

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**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90034 044 \*\*\*\*61.25

**DOCUMENT # 790528**

1. Corporation Name

**SEMINOLE COUNTY FARM BUREAU, LAA**

Principal Place of Business

4195 N US HWY 1792  
SANFORD FL 32773

Mailing Address

P.O. BOX 917191  
LONGWOOD FL 32779-7191  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/02/1947

4. FEI Number

59-0860077

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

**BISTLINE, FRED W.**  
**650 E BAY AVE**  
**LONGWOOD FL 32752**

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

TITLE **VP** ☐ DELETE  
NAME **YARBOROUGH, IMOGENE**  
STREET ADDRESS **P.O. BOX 65 N/A**  
CITY-ST-ZIP **GENEVA FL 32732**

TITLE **P** ☐ DELETE  
NAME **BISTLINE, FRED**  
STREET ADDRESS **650 E. BAY AVENUE**  
CITY-ST-ZIP **LONGWOOD FL 32752**

TITLE **D** ☐ DELETE  
NAME **HAMMOND, RUSSELL**  
STREET ADDRESS **348 E. EVERGREEN**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ DELETE  
NAME **PILOIAN, BILLY**  
STREET ADDRESS **585 W CHURCH AVE**  
CITY-ST-ZIP **LONGWOOD FL 32732**

TITLE **D** ☐ DELETE  
NAME **MALLOY, GRANT**  
STREET ADDRESS **4875 GABRIELLA LN**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**3/31/99 (407) 298-5058**  
Date Daytime Phone #

CR2E037 (1/198)