

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 90091 009 ****61.25

DOCUMENT # 790560

1. Corporation Name

BRADFORD COUNTY FARM BUREAU LAA

Principal Place of Business

2270 N. TEMPLE AVE.
STARKE FL 32091

Mailing Address

2270 N. TEMPLE AVE.
STARKE FL 32091



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

02/26/1948

4. FEI Number

59-6177717

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

GASKINS, JAMES W.

RT. 2, BOX 2095

STARKE FL 32091

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 P ☐ DELETE

NAME GASKINS, JAMES W.

STREET ADDRESS RT. 2, BOX 2095

CITY-ST-ZIP STARKE FL

TITLE D ☐ DELETE

NAME HERRIN, MAX

STREET ADDRESS RT 4, BOX 1010

CITY-ST-ZIP STARKE FL 32091

TITLE D ☐ DELETE

NAME PAYNE, GEORGE

STREET ADDRESS 6323 PAYNE RD.

CITY-ST-ZIP KEYSTONE HEIGHTS FL 32091

TITLE D ☒ DELETE

NAME HUGGINS, G.T

STREET ADDRESS 400 LORENZO DRIVE

CITY-ST-ZIP STARKE FL 32091

TITLE V ☐ DELETE

NAME PATERSON, BOB

STREET ADDRESS RT. 2 BOX 2815

CITY-ST-ZIP STARKE FL

TITLE ST ☐ DELETE

NAME UNDERHILL, RICHARD

STREET ADDRESS RT. 2 BOX 1760

CITY-ST-ZIP STARKE FL 32091

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

D Charles Baldrac
8548 Immohtalee Rd.
Keystone Heights Fla 32656

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

1 Apr 99

904-964-8356

Daytime Phone #

CR2E037 (1/98)

0075893