

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790610 (0)

1. Corporation Name

DESOTO-CHARLOTTE FARM BUREAU, LAA

Principal Place of Business

1278 S.E. HWY 31
ARCADIA FL 33821

Mailing Address

1278 S.E. HWY 31
ARCADIA FL 33821



3. Date Incorporated or Qualified
10/03/1949

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0817948

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORTON, EDMOND
1403 SE CROSS AVE.
ARCADIA FL 33821

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

PD

NAME

HORTON, EDMOND

STREET ADDRESS

1403 SE CROSS AVE.

CITY - ST - ZIP

ARCADIA FL 33821

TITLE

D

☐ DELETE

NAME

CARLTON, ANNA LOU

STREET ADDRESS

P.O. BOX 335 N/A

CITY - ST - ZIP

NOCATEE FL 33864

TITLE

D

☐ DELETE

NAME

HARMAN, CHARLES

STREET ADDRESS

RT. 6 BOX 5580

CITY - ST - ZIP

ARCADIA FL 33821

TITLE

D

☐ DELETE

NAME

HARRISON, KENNETH

STREET ADDRESS

RT. 2 BOX 670M

CITY - ST - ZIP

ARCADIA FL 33821

TITLE

D

☐ DELETE

NAME

SAFRON, ED

STREET ADDRESS

2323 SANDPINE DR.

CITY - ST - ZIP

PUNTA GORDA FL 33982

TITLE

VD

☐ DELETE

NAME

RYALS, ANN

STREET ADDRESS

P.O. BOX 55 N/A

CITY - ST - ZIP

FT. OGDEN FL 33842

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)