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Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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
02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34266

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34266

Country

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

HORTON, EDMOND
1403 SE CROSS AVE.
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name

Harrison, Kenneth

82 Street Address (P.O. Box Number is Not Acceptable)

9180 NW Lily Ave.

83

84 City

Arcadia

FL

85 Zip Code

34266

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

Kenneth Harrison

2-3-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

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 NOCATTEE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Harrison, Kenneth
1.3 STREET ADDRESS 9180 NW Lily Ave.
1.4 CITY-ST-ZIP Arcadia, Florida 34266

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Avant, Bob
2.3 STREET ADDRESS 1336 SE Hwy. 31
2.4 CITY-ST-ZIP Arcadia, Florida 34266

3.1 TITLE TSD ☐ Change ☒ Addition

3.2 NAME Fussell, Lynn
3.3 STREET ADDRESS 2922 NW Roan Street
3.4 CITY-ST-ZIP Arcadia, Florida 34266

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Horton, Edmond
4.3 STREET ADDRESS 1403 SE Cross Ave.
4.4 CITY-ST-ZIP Arcadia, Florida 34266

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Ryals, Ann
5.3 STREET ADDRESS 10864 SW Madison Street
5.4 CITY-ST-ZIP Ft. Ogden, Florida 34267

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Brewer, Jim
6.3 STREET ADDRESS 5597 SW County Road 760
6.4 CITY-ST-ZIP Arcadia, Florida 34266

14. I do 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:

Kenneth Harrison

2-3-97

941-494-3636

CR2E037 (9/96)