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Mar 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790610** (0)
1. Corporation Name

DESOTO-CHARLOTTE FARM BUREAU, LAA



Principal Place of Business 1278 S.E. HWY 31 ARCADIA FL 34266 US	Mailing Address 1278 S.E. HWY 31 ARCADIA FL 34266 US
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3. Date Incorporated or Qualified 10/03/1949	
4. FEI Number 59-0817948	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HARRISON, KENNETH 9180 NW LILY AVE ARCADIA FL 34266	
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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	PD <input checked="" type="checkbox"/> DELETE
NAME	HORTON, EDMOND
STREET ADDRESS	1403 SE CROSS AVE.
CITY-ST-ZIP	ARCADIA FL 33821
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CARLTON, ANNA LOU
STREET ADDRESS	P.O. BOX 335 N/A
CITY-ST-ZIP	NOCATEE FL 33884
TITLE	D <input type="checkbox"/> DELETE
NAME	HARMAN, CHARLES
STREET ADDRESS	RT. 6 BOX 5580
CITY-ST-ZIP	ARCADIA FL 33821
TITLE	D <input type="checkbox"/> DELETE
NAME	HORTON, EDMOND
STREET ADDRESS	1403 SE CROSS AVE
CITY-ST-ZIP	ARCADIA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SAFRON, ED
STREET ADDRESS	2323 SANDIPINE DR.
CITY-ST-ZIP	PUNTA GORDA FL 33982
TITLE	D <input type="checkbox"/> DELETE
NAME	BREWER, JIM
STREET ADDRESS	5597 SW COUNTY RD 760
CITY-ST-ZIP	ARCADIA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Avant, Bob
1.3 STREET ADDRESS	1336 SE Hw. 31
1.4 CITY-ST-ZIP	Arcadia, Florida 34266
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McDonald, Mae
2.3 STREET ADDRESS	P.O. Box 1500 N/A
2.4 CITY-ST-ZIP	Arcadia, Florida 34265
3.1 TITLE	TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Browning, Z.A.
4.3 STREET ADDRESS	7673 SE Parker Drive
4.4 CITY-ST-ZIP	Arcadia, Florida 34266
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Burtscher, John
5.3 STREET ADDRESS	3673 NW Poultry Street
5.4 CITY-ST-ZIP	Arcadia, Florida 34266
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pfeil, Brady
6.3 STREET ADDRESS	6077 SE 2/4 Rahch Road, Arcadia, FL
6.4 CITY-ST-ZIP	34266

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.

SIGNATURE _____
2-12-98 941-494-3636

CR2E037 (1097)