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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790611

1. Corporation Name

SUMTER COUNTY FARM BUREAU LAA

Principal Place of Business

7610 SR 471
BUSHNELL FL 33513
US

Mailing Address

7610 SR 471
BUSHNELL FL 33513
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/12/1967

4. FEI Number

59-1028366

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

**NELSON, DONALD
CR 555
BUSHNELL FL 33513**

10. Name and Address of New Registered Agent

81 Name **WAYNE LEE**

82 Street Address (P.O. Box Number is Not Acceptable)
8414 CR 221

83

84 City **WILDWOOD**

FL

85 Zip Code
34785

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 **WAYNE LEE, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 27, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD** ☒ DELETE
NAME **KEYES, KATHY**
STREET ADDRESS **8742 SW 30TH BLVD**
CITY-ST-ZIP **BUSHNELL FL**

TITLE **PD** ☒ DELETE
NAME **NELSON, DONALD**
STREET ADDRESS **CR 555**
CITY-ST-ZIP **BUSHNELL FL**

TITLE **VD** ☒ DELETE
NAME **LEE, WAYNE**
STREET ADDRESS **CR 221**
CITY-ST-ZIP **WILDWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **STD** ☒ Change ☐ Addition
1.2 NAME **RACHEL MCKINNEY**
1.3 STREET ADDRESS **346 CR 231**
1.4 CITY-ST-ZIP **WILDWOOD, FLORIDA 34785**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **WAYNE LEE**
2.3 STREET ADDRESS **8414 CR 221**
2.4 CITY-ST-ZIP **WILDWOOD, FLORIDA 34785**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **CHARLES TODD**
3.3 STREET ADDRESS **5423 E CR 48**
3.4 CITY-ST-ZIP **WEBSTER, FLORIDA 33597**

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

April 27, 1999 352-793-4545

Date

Daytime Phone #

CR2E037 (1/98)