

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 790631 (6)
1. Corporation Name

MARTIN COUNTY FARM BUREAU, LAA



Principal Place of Business: 2227 S. KANNER HWY STUART FL 34994
Mailing Address: 2227 S. KANNER HWY STUART FL 34994

3. Date Incorporated or Qualified: 06/29/1950
3a. Date of Last Report: 01/30/1995

| | | | |
|---------------------------------|-------------------------|---|---|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 22. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 59-6177729 | Not Applicable |
| 23. City & State | 27. City & State | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

LEIGHTON, JOHN
1072 SW. 37TH TERRACE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RINKER, RONNIE | 1.2 NAME | |
| STREET ADDRESS | 1830 LOCKS RD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | STUART FL 34997 | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEIGHTON, JOHN | 2.2 NAME | |
| STREET ADDRESS | 1072 SW 37TH TER. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM CITY FL 34990 | 2.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOGAN, BARBARA | 3.2 NAME | |
| STREET ADDRESS | 5143 SE BLUE HERON LN. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | STUART FL 34997 | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MINEAR, JUDSON | 4.2 NAME | |
| STREET ADDRESS | 5901 SW 48TH AVE. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM CITY FL 34990 | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITTY, ROBERT | 5.2 NAME | |
| STREET ADDRESS | 2614 SE DIXIE HWY | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | STUART FL 34996 | 5.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, WILLIAM | 6.2 NAME | |
| STREET ADDRESS | PO BOX 37 N/A | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | INDIANTOWN FL 34956 | 6.4 CITY - ST - ZIP | |

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: JUDSON MINEAR *Judson Minear* 3-1-96 707-286-1038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)