

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 34994-4619 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/29/1950 | 3a. Date of Last Report 03/08/1996 |
|--|--|

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

| | |
|---|--|
| 4. FEI Number 59-6177729 | Applied For <input type="checkbox"/> Not Applicable |
| 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 |
| 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 **JUDSON MINEAR**

82 Street Address (P.O. Box Number is Not Acceptable)
2227 S. Kanner Hwy.

83

84 City **STUART** FL 85 Zip Code **34994**

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 617.03, Florida Statutes.

SIGNATURE **JUDSON MINEAR** *Judson Minear* DATE **1-21-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | RINKER, RONNIE | |
| STREET ADDRESS | 1830 LOCKS RD. | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LEIGHTON, JOHN | |
| STREET ADDRESS | 1072 SW 37TH TER. | |
| CITY-ST-ZIP | PALM CITY FL 34990 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | HOGAN, BARBARA | |
| STREET ADDRESS | 5143 SE BLUE HERON LN. | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MINEAR, JUDSON | |
| STREET ADDRESS | 5901 SW 48TH AVE. | |
| CITY-ST-ZIP | PALM CITY FL 34990 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WHITTY, ROBERT | |
| STREET ADDRESS | 2814 SE DIXIE HWY | |
| CITY-ST-ZIP | STUART FL 34996 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TAYLOR, WILLIAM | |
| STREET ADDRESS | PO BOX 37 N/A | |
| CITY-ST-ZIP | INDIANTOWN FL 34956 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97 | | |
|--|--------------------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JOHN SCARBOROUGH | |
| 1.3 STREET ADDRESS | 34994 | |
| 1.4 CITY-ST-ZIP | 2227 S. Kanner Hwy Stuart Fl. | |
| 2.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Eric Nissen | |
| 2.3 STREET ADDRESS | 2227 S. Kanner Hwy. | |
| 2.4 CITY-ST-ZIP | Stuart, Fl. 34994 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | J. A. SLAY | |
| 3.3 STREET ADDRESS | 2227 S. Kanner Hwy. | |
| 3.4 CITY-ST-ZIP | Stuart, Fl. 34994 | |
| 4.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | JUDSON MINEAR | |
| 4.3 STREET ADDRESS | 2227 S. Kanner Hwy. | |
| 4.4 CITY-ST-ZIP | Stuart Fl. 34994 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | PAUL REMELIUS | |
| 6.3 STREET ADDRESS | 2227 S. Kanner Hwy. | |
| 6.4 CITY-ST-ZIP | Stuart, Fl. 34994 | |

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 **JUDSON MINEAR** *Judson Minear* DATE **1-21-97**

CR2E037 (9/96)