

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

1996 3-11-96

B-2090

VISION OF CORPORATIONS C

DOCUMENT # 790637 (3)

1. Corporation Name

LEON COUNTY FARM BUREAU LAA



Principal Place of Business

1166 CAPITAL CIRCLE SE
TALLAHASSEE FL 32301

Mailing Address

1166 CAPITAL CIRCLE SE
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
06/12/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-6177354

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

10. Name and Address of New Registered Agent

ROBERTS, STEPHEN G.
1166 CAPITAL CIR SE
TALLAHASSEE FL 32301

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE V ☐ DELETE
NAME ROBERTS, WILLIAM T
STREET ADDRESS 7007 ROBERTS RD
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE

VICE-PRESIDENT ☒ Change ☐ Addition

TITLE ST ☒ DELETE
NAME JOHNSTON, TONY
STREET ADDRESS RT 3, BOX 571-A
CITY-ST-ZIP TALLAHASSEE FL

1.2 NAME

ROBERTS, WILLIAM T.

1.3 STREET ADDRESS

7107 ROBERTS RD
TALLAHASSEE FL 32308

1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME ROBERTS, STEVE
STREET ADDRESS 7007 ROBERTS RD
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE

SECRETARY-TREASURER ☒ Change ☒ Addition

2.2 NAME

CECIL WILLIAMS, JR.

2.3 STREET ADDRESS

RT 7 BOX 970-B

2.4 CITY-ST-ZIP

TALLAHASSEE FL 32308

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

TITLE D ☐ DELETE
NAME FOGARTY, JIM
STREET ADDRESS RT 2, BOX 4390-95
CITY-ST-ZIP TALLAHASSEE FL 32327

TITLE D ☐ DELETE
NAME STOKES, LINDA
STREET ADDRESS 7007 ROBERTS RD
CITY-ST-ZIP TALLAHASSEE FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN G. ROBERTS
PRESIDENT, LEON COUNTY FARM BUREAU

HOME 904-893-3538

OFFICE 904-877-6581

3-1-96

CR2E037 (12/95)