

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 # 790641 (5)

1. Corporation Name

LAKE COUNTY FARM BUREAU LAA



Principal Place of Business

30241 STATE ROAD 19
TAVARES FL 32778-4259

Mailing Address

30241 STATE ROAD 19
TAVARES FL 32778-4259

3. Date Incorporated or Qualified
06/12/1967

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-0804885

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

KNOWLES, STEVE
30241 STATE ROAD 19
TAVARES FL 32778-4259

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 617.1506, 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
NAME OLSON, DAN
STREET ADDRESS 30241 STATE ROAD 19
CITY-ST-ZIP TAVARES FL 32778-4259 ☐ DELETE

TITLE VD
NAME THOMPSON, PAT
STREET ADDRESS 30241 STATE ROAD 19
CITY-ST-ZIP TAVARES FL 32778-4259 ☐ DELETE

TITLE SD
NAME STEPHENS, DON
STREET ADDRESS 30241 STATE ROAD 19
CITY-ST-ZIP TAVARES FL 32778-4259 ☐ DELETE

TITLE TD
NAME CLARK, J N
STREET ADDRESS 30241 STATE ROAD 19
CITY-ST-ZIP TAVARES FL 32778-4259 ☐ DELETE

TITLE TD
NAME CLARK, J.N.
STREET ADDRESS 30241 STATE ROAD 19
CITY-ST-ZIP TAVARES, FL 00000 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES/DIRECTOR
1.2 NAME BRET WOOD
1.3 STREET ADDRESS 30241 STATE ROAD 19
1.4 CITY-ST-ZIP TAVARES FL 32778 ☒ Change ☐ Addition

2.1 TITLE VICE PRES./DIRECTOR
2.2 NAME BRAD BLANTON
2.3 STREET ADDRESS 30241 STATE ROAD 19
2.4 CITY-ST-ZIP TAVARES FL 32778 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (12/95)