

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790641** (5)

1. Corporation Name

**LAKE COUNTY FARM BUREAU LAA**

Principal Place of Business

Mailing Address

**30241 STATE ROAD 19  
TAVARES FL 32778-4259**

**30241 STATE ROAD 19  
TAVARES FL 32778-4239**



3. Date Incorporated or Qualified **06/12/1967** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-0804885</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OLSON, DAN</b>	1.2 NAME	<b>BRET WOOD</b>
STREET ADDRESS	<b>30241 STATE ROAD 19</b>	1.3 STREET ADDRESS	<b>30241 STATE ROAD 19</b>
CITY-ST-ZIP	<b>TAVARES FL 32778-4259</b>	1.4 CITY-ST-ZIP	<b>TAVARES, FL 32778</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMPSON, PAT</b>	2.2 NAME	<b>BRAD BLANTON</b>
STREET ADDRESS	<b>30241 STATE ROAD 19</b>	2.3 STREET ADDRESS	<b>30241 STATE ROAD 19</b>
CITY-ST-ZIP	<b>TAVARES FL 32778-4259</b>	2.4 CITY-ST-ZIP	<b>TAVARES, FL 32778</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENS, DON</b>	3.2 NAME	
STREET ADDRESS	<b>30241 STATE ROAD 19</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVARES FL 32778-4259</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, J N</b>	4.2 NAME	
STREET ADDRESS	<b>30241 STATE ROAD 19</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVARES FL 32778-4259</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, J.N.</b>	5.2 NAME	
STREET ADDRESS	<b>30241 STATE ROAD 19</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVARES, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 **J. N. Clark** **TREASURER** **4/23/97** **352-343-4407**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014845

CR2E037 (9/96)