## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

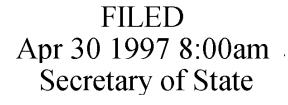
1997

DOCUMENT #

790641

(5)

LAKE COUNTY FARM BUREAU LAA





Principal Place of Business Mailing Address									
30241 STATE ROAD 19 30241 STATE ROAD 19 TAVARES FL 32778-4239									
						3. Date Incorporated or Qualified 06/12/1967	3a. Date	of Last F	Report
							05	5/01/19	96
·	Place of Business	2a. Mailing Address				4. FEI Number 59-0804885		<del></del>	pplied For
Suite, Apt.	# oto	Suite, Apt. #, etc.				00 000 000			ot Applicable Additional
2 27				•		Certificate of Status Desired		•	equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
3		28	1 00.		<del></del>	Trust Fund Contribution			to Fees
7 ip 1	Country 25	Zip 29	30	untry		8. This corporation has liability for I	ntangible ta ] Yes 🏻 🔲		i. 1 <b>9</b> 9.032,
<u>'L</u>	9. Name and Address of Curren	11	[30]	<u> </u>		10. Name and Address of New Re			<del></del>
				81 N	lame				
knowles, steve				82 S	treet Addre	ess (P.O. Box Number is Not Acceptab	le)		<del></del>
30241 STATE ROAD 19								<del></del>	
TAVARE	S FL 32778-4259			83					
				84 C	ity		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508. Florida Statu	tes, the a	bove-na	amed corp	oration submits this statement for the p		hanging I	ts registered
agent. I a SIGNATURE	am familiar with, and accept the obliga	ations of, Section 617.0503, Fl	orida Sta	tutes.	e corporati	oration submits this statement for the p on's board of directors. I hereby accep	it trie appoii	innerii as	i le <b>g</b> islered
	Signature, typed or printed name of registered age			d Agent e	gnature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE COLOR	UDCOTO	C 11 10
Z.	OFFICERS AND	D DIRECTORS A DELETE	13.	ITE F	DD			Change	A Additio
IAME	OLSON, DAN	22,0000,0	1.2 N		ВŔ	ESIDENT/DIRECTOR	1	,	
STREET ADDRESS	30241 STATE ROAD 19		1,3 \$	TREET ADO		241 STATE ROAD 19			
CITY-ST-ZIP	TAVARES FL 32778-4259		1.40	ITY-ST-Z	<sub>IP</sub> TA	VARES, FL 32778			
TITLE	VD	☐ DELETE	2.1 1.		IV	CE PRESIDENT/DIRE AD BLANTON	CTORL	Change	Addition
NAME	THOMPSON, PAT 30241 STATE ROAD 19		2.2 N		BR	AD BLANTON			
STREET ADDRESS	TAVARES FL 32778-4259			TREET ADO City-St-2		241 STATE ROAD 19			
CITY+ST-ZIP TITLE	SD SD	DELETE	3.1 7		<u>"   1.A</u>	VARES, FL 32778		Change	☐ Addition
NAME	STEPHENS, DON		3.2 N	AMÉ	Ì				
STREET ADDRESS	30241 STATE ROAD 19		3,3 S	TREET ADD	ORESS				
CITY - ST - ZIP	TAVARES FL 32778-4259			CITY-ST-Z	(IP			<del>-</del>	
TITLE	TD CLADY IN	☐ DELETE	4.1 T		1			) Change	Addition
NAME	CLARK, J N 30241 STATE ROAD 19		- 1	YAME YOU'U AND	DOECC				
STREET ADDRESS CITY-ST-ZIP	TAVARES FL 32778-4259			TREET ADE STY-ST-Z	1				
TITLE	TD	<b>K</b> ] DELETE	5.1 To			·····		Change	Addition
NAME	1	UPLICATE DF	5.2 N		]			-	
STREET ADDRESS	30241 STATE ROAD 19	ABOVE	5.3 S	TREET ADD	oress				
CITY-ST-ZIP	TAVARES, FL 00000	A 61 FT		ITY-ST-Z	IP.		· · · · · · · · · · · · · · · · · · ·	7.01	4 2 100
TITLE	<b>!</b>	☐ DELETE	6.1 7		}		L	Change	Addition
NAME PROCES ADDOCOC	-		6.2 N		nocee !				
STREET ADDRESS				TREET ADD	1				
CITY-ST-ZIP	1		0.4 0	111-51-2	r 1	to Ocation 140 07/09/0 Florida Problem	1.6		Cale a

I. 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:

URE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

352-343 -4407