


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-0804885	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
KNOWLES, STEVE 30241 STATE ROAD 19 TAVARES FL 32778-4259	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WOOD, BRETT	1.2 NAME	BRAD BLANTON
STREET ADDRESS	30241 STATE RD. 19	1.3 STREET ADDRESS	30241 STATE ROAD 19
CITY - ST - ZIP	TAVARES FL	1.4 CITY - ST - ZIP	TAVARES, FL 32778
TITLE	VD	2.1 TITLE	VD
NAME	THOMPSON, PAT	2.2 NAME	WILLIAM BENHAM
STREET ADDRESS	30241 STATE ROAD 19	2.3 STREET ADDRESS	30241 STATE ROAD 19
CITY - ST - ZIP	TAVARES FL 32778-4259	2.4 CITY - ST - ZIP	TAVARES, FL 32778
TITLE	SD	3.1 TITLE	
NAME	STEPHENS, DON	3.2 NAME	
STREET ADDRESS	30241 STATE ROAD 19	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL 32778-4259	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	CLARK, J N	4.2 NAME	
STREET ADDRESS	30241 STATE ROAD 19	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL 32778-4259	4.4 CITY - ST - ZIP	
TITLE	VPO	5.1 TITLE	
NAME	BLANTON, BRAD	5.2 NAME	
STREET ADDRESS	30241 STATE RD. 19	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES, FL 00000	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRAD BLANTON	
1.3 STREET ADDRESS	30241 STATE ROAD 19	
1.4 CITY - ST - ZIP	TAVARES, FL 32778	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM BENHAM	
2.3 STREET ADDRESS	30241 STATE ROAD 19	
2.4 CITY - ST - ZIP	TAVARES, FL 32778	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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 J. N. CLARK, TREASURER 4/29/98 352-343-4407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014713

CR2E037 (10/97)