NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 790652 1. Corporation Name

## GADSDEN COUNTY FARM BUREAU LAA

## **FILED** Feb 27, 1999 8:00 am secretary of State

02-27-1999 90012 003 \*\*\*\*61.25

					·		
Principal Place of Business Mailing Address						•	
	FFERSON STREET	2111 WEST JEFFERSON STF QUINCY FL 32351	2111 WEST JEFFERSON STREET				
OUINCY FL 32351 QUINCY FL 32351							//3 <b> </b> /
A =		20 Mailing Address			Date Incorporated or Qualifed		
	lace of Business	2a. Mailing Address			11/28/1950		
( - '		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For		plied For
22		27	27		59-0610526	Not Applicable	
City & State		City & State	City & State		5. Certificate of Status Desired	\$8.75 A	
23		28 Tip	Country			Fee Re	
Zip	Country	Zip 29 3	¬ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
24	9. Name and Address of Curre				10. Name and Address of New Registere		
	-		81 Nar	ne 🔼 1	lenn R Weber		
JOHNSON, CLAY				et Addre	ss (P.O. Box Number is Not Acceptable)		
RT. 4, BOX 295				<u> </u>	1 Box 1238		
QUINCY FL 32351					,	•	
ļ			84 City		· F	85 ZIO	3°79° < 1
11 5	to the annulations of Postions 617.06	502 and 617 1508 Florida Statutes	the above-nam	3 Uic	ration submits this statement for the numose	of changing its	registered
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 stationized 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 a	gent and title if applicable. (NOTE: R	egistered Agent signal	une required			
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME	OLSON, STEPHEN		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDR	ESS			
CITY-ST-ZIP	QUINCY FL 32351	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	+		Change	Addition
TITLE	DAVIS GARY		2.1 TILLE			_ ·	
NAME STREET ADDRESS	Davis, gary   Rt 4, box 291		2.3 STREET ADDRI	ess	•		
CITY-ST-ZIP	QUINCY FL 32351		2. 4 CITY-ST-ZIP	1			
TITLE	S	☐ DELETE	3.1 TITLE		~ `-	Change	
NAME	WIMBERLY, LYN		3.2 NAME		·		
STREET ADDRESS	RT. 4, BOX 181-A		3.3 STREET ADDR	ESS	•		
CITY-ST-ZIP	QUINCY FL		3.4. CITY-ST-ZIP	$\overline{}$		Change	☐ Addition
TITLE	MEDED OF END D	☐ DELETE	4.1 TITLE				, 30,00011
NAME	WEBER, GLENN R		4.2 NAME 4.3 STREET ADDR	=99			•
STREET ADDRESS	RT 4, BOX 1238 QUINCY FL 32351		4.3 STREET ADDR	:33			
CITY-ST-ZIP	D	☐ DELETE	5.1 TITLE	+		Change	Addition
NAME	CLARK, DAVID D		5.2 NAME				
STREET ADDRESS	RT 4, BOX 199-C		5.3 STREET ADDR	ESS			
CITY-ST-ZIP	QUINCY FL 32351		5.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	EDWARDS, MARCUS		6.2 NAME		•		
CTDEET ADDRESS	DT A BOY 237		6.3 STREET ADDR	ESS			

QUINCY FL 32351 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS RT 4, BOX 237

950 627-7196