

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortharg  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 790659

(7)

1. Corporation Name

HIGHLANDS COUNTY FARM BUREAU, LAA



Principal Place of Business

6419 US 27 SOUTH  
SEBRING FL 33870

Mailing Address

6419 US 27 SOUTH  
SEBRING FL 33870

3. Date Incorporated or Qualified  
06/12/1967

3a. Date of Last Report  
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 6419 U.S. 27 South

26 6419 U.S. 27 South

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Sebring, Florida

City & State

28 Sebring, Florida

Zip

24 33870

Country

25 Highlands

Zip

29 33870

Country

30 Highlands

4. FEI Number  
59-1028609

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PAYNE, JOHN K  
338 NW LAKEVIEW DR  
SEBRING FL 33870

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

Signature, typed or printed name of registered agent and title, if applicable

(If Title of Registered Agent Signature Required, When Resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME STOKES, EDGAR E  
STREET ADDRESS 6419 U.S. 27 SOUTH  
CITY-ST-ZIP SEBRING FL ☐ DELETE

TITLE P  
NAME PAYNE, JOHN K  
STREET ADDRESS 338 NW LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL ☐ DELETE

TITLE S  
NAME O'NEAL, ANN  
STREET ADDRESS 6419 U.S. 27 SOUTH  
CITY-ST-ZIP SEBRING FL ☐ DELETE

TITLE VP  
NAME FENTRESS, PAM  
STREET ADDRESS 6419 US 27 S  
CITY-ST-ZIP SEBRING FL ☐ DELETE

TITLE D  
NAME BISHOP, DONALD  
STREET ADDRESS 1330 5TH AVENUE  
CITY-ST-ZIP SEBRING FL 33872 ☒ DELETE

TITLE D  
NAME FUTCH, JEFF  
STREET ADDRESS 6419 US 27 S  
CITY-ST-ZIP SEBRING FL ☐ DELETE

13. ADDING CHANGES TO OFFICERS AND DIRECTORS

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition  
52 NAME D  
53 STREET ADDRESS Roger Scarborough  
54 CITY-ST-ZIP 1525 Winter Road  
Lake Placid, FL 33852

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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

JOHN K. PAYNE, PRESIDENT

2/9/96

941-385-5141

6125 SG 3-1-96

CR2E037 (12/95)