

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790659** (7)

1. Corporation Name

HIGHLANDS COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

**6419 US 27 SOUTH
SEBRING FL 33870
US**

**6419 US 27 SOUTH
SEBRING FL 33870
US**

3. Date Incorporated or Qualified

06/12/1967

4. FEI Number

59-1028609

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Same As Above

26 Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Same As Above

28 Same As Above

Zip

Country

Zip

Country

24 33870

25 Highlands

29 33870

30 Highlands

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, EDGAR E	1.2 NAME	
STREET ADDRESS	6419 U.S. 27 SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JOHN K	2.2 NAME	
STREET ADDRESS	338 NW LAKEVIEW DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL, ANN	3.2 NAME	
STREET ADDRESS	6419 U.S. 27 SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTRESS, PAM	4.2 NAME	
STREET ADDRESS	6419 US 27 S	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, MARK	5.2 NAME	T
STREET ADDRESS	12001 ARBUCKLE CR. RD.	5.3 STREET ADDRESS	Bryan, Mark
CITY - ST - ZIP	SEBRING FL	5.4 CITY - ST - ZIP	12001 Arbuckle Creek Road
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, JEFF	6.2 NAME	
STREET ADDRESS	6419 US 27 S	6.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	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 REQUIRED

4/16/98

941-385-5141

CF2E037 (10/97)