## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 790659**

1. Corporation Name

## HIGHLANDS COUNTY FARM BUREAU, LAA

Principal Place of Business	ì
6419 US 27 SOUTH SEBRING FL 33870 US	

2. Principal Place of Business

21 Same As-Above

Mailing Address

6419 US 27 SOUTH SEBRING FL 33870

2a. Mailing Address

Same As Above

26



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3. Date Incorporated or Qualifed

06/12/1967

	# -1-	-	ite, Apt. #, etc.				4. FEI Number		Appl	lied For	
Suite, Apt.	#, etc.	<u></u>	ite, Apt. #, etc.				59-1028609			Applicable	
City & State		27 Cit	y & State					_ \$	8.75 Ad		
<b>−</b>	ne As Above 28 Same As A				1776		5. Certifcate of Status Desired		Fee Req		
Zip Zip	Country	Zip			untry		6. Election Campaign Financing		\$5.00 N	fav Bo	
24 Same	Same		ame:	_	Same	2	Trust Fund Contribution	1 1	Added to	, ,	
24 Dame	9. Name and Address of Curr			30 -	1	-	10. Name and Address of New Re	gistered Age	nt		
81 Name											
							<u>amela Fentress</u>				
PAYNE, JOHN K					82	Street Addre	ss (P.O. Box Number is Not Acceptab	4e)			
338 NW LAKEVIEW DR											
SEBRING FL 33870					83	6	419 U S. Hwy 27	<u>s</u>			
					84	City		FL  8	5 Zip Co 338	2de	
44 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2										egistered	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. I never accept the appointment as registered											
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  Pame 1 a. Fent ress.  4/15/99											
SIGNATURE	Parrela J.	1 onhar	<b>)</b>			ela Fe	ntress	7//3 /9	<u>/</u>		
12.	Signature, typed or printed name of registered	AND DIRECTO		: Registere		signature required	ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTOF	RS IN 12	
		AND DIRECT	DELETE	-	TITLE	R	Julie Stocker		Change	X Addition	
TITLE	D FOOAR F		C) PLICE			٢	1810 Lake Clay	_	-	_	
NAME	STOKES, EDGAR E				NAME		_			ľ	
STREET ADDRESS	6419 U.S. 27 SOUTH				STREET A		Lake Placid, Fl	330	J Z	İ	
CITY-ST-ZIP	SEBRING FL		[ ] DELETE	_	CITY-ST-Z			<del></del>	Change	☐ Addition	
TITLE	P		☐ DELETE		TITLE				Onunge		
NAME	PAYNE, JOHN K				NAME		John K. Payne			_	
STREET ADDRESS	338 NW LAKEVIEW DR	-		H	STREET A	1				Ļ	
CITY-ST-ZIP	SEBRING FL			_	CITY-ST-	ZIP		ভৌ	Change	Addition	
TITLE	8		☐ DELETE		TITLE	l Ar	nn O'Neal	لمّا	Change	Audition	
NAME .	O'NEAL, ANN			3.21	NAME	1 71	III O Neal				
STREET ADDRESS	6419 U.S. 27 SOUTH			3.3 3	STREETA	DORESS					
CITY-ST-ZIP	SEBRING FL			_	CITY-ST-	ZIP	<del>y</del>		<u> </u>	A delition	
TITLE	VP		☐ DELETE	4.11	TITLE	-	o Pamela Fentress	Ŋ	Change	☐ Addition	
NAME	FENTRESS, PAM			4.2	NAME		amera tencress				
STREET ADDRESS	6419 US 27 S			4.3 5	STREET A	DDRESS					
CITY-ST-ZIP	SEBRING FL			4.4 (	CITY-ST-						
TITLE	T		☐ DELETE		TITLE	) VF			Change	Addition	
NAME	BRYAN, MARK				NAME	Ma	rk Bryan 2001 Arbuckle Cre	ok Dd			
STREET ADDRESS	12001 ARBUCKEL CREEK R	D		5.3	STREET A	DDRESS C	ebring, Fl 3387	Or Nu.			
CITY+ST-ZIP	SEBRING FL 33870				CITY-ST-	ZIP SE	EDITING, ET 330/				
TITLE	D		☐ DELETE	6.1	TITLE				Change	Addition	
NAME	FUTCH, JEFF			6.21	NAME						
STREET ADDRESS				6.3	STREET A	DDRESS					
CITY OT ZID	SERRING EL			6.4 (	CITY-ST-	ZIP				į	

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.

SIGNATURE:

941-465-6606