

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 790667 (0)

1. Corporation Name

PASCO COUNTY FARM BUREAU LIMITED AGRICULTURAL AS
SOCIATION

Principal Place of Business

12445 U.S. 301
DADE CITY FL 33525

Mailing Address

12445 U.S. 301
DADE CITY FL 33525



3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-0829841

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

SCHRADER, TED
1500 PASCO ROAD
DADE CITY FL 33525

81 Name

Ted Schrader

82 Street Address (P.O. Box Number is Not Acceptable)

32745 Pennsylvania Ave

83

84 City

Dade City

FL

85 Zip Code

33525

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

TITLE ☐ DELETE

NAME SD
FENTON, PATRICIA
STREET ADDRESS 1386 JESSAMINE ROAD
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ DELETE

NAME TD
GORE, FRED
STREET ADDRESS P O BOX 605 N/A
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE ☐ DELETE

NAME VP
WEAVER, GLEN
STREET ADDRESS 1402 ST JOE RD
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ DELETE

NAME PD
SCHRADER, TED
STREET ADDRESS 1500 PASCO ROAD
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

16528 Jessamine Road
Dade City, FL 33525

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

36802 Suwannee Way
Dade City, FL 33525

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

32745 Pennsylvania Ave
Dade City, FL 33525

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001802241

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***61.25

☒ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (12/95)