

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 790674

(6)

1. Corporation Name

WASHINGTON COUNTY FARM BUREAU LIMITED AGRICULTURAL ASSOCIATION

Principal Place of Business

Mailing Address

AGRICULTURAL ASSOCIATION
509 WEST JACKSON AVENUE
CHIPLEY FL 32428

AGRICULTURAL ASSOCIATION
509 WEST JACKSON AVENUE
CHIPLEY FL 32428



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1058078

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTMAS, R B
1916 PALMVIEW RD
COTTONDALE FL 32431

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 617.0508, 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

R. Bruce Christmas

R. Bruce Christmas

4/20/96

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	AUKEMA, ARTHUR	
STREET ADDRESS	RT 7, BX 198, HWY 90	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHESSER, ROBERT	
STREET ADDRESS	RT 1 BX 81 MILLERS FERRY RD	
CITY-ST-ZIP	VERNON FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CHESSER, EFFIE	
STREET ADDRESS	RT. 1, BOX 81	
CITY-ST-ZIP	VERNON FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LAVERNE	
STREET ADDRESS	RT 7 BX 650 HWY 77	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLOAN, CHARLES	
STREET ADDRESS	210 HWY 277 SOUTH	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARTZOG, ROLAND	
STREET ADDRESS	RT 5 BOX 344, HWY 276	
CITY-ST-ZIP	CHIPLEY FL	

1.1 TITLE	D V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COLLINS, LUCKETT	
1.3 STREET ADDRESS	PO Box 484 3161 Woodcrest Rd. N/A	
1.4 CITY-ST-ZIP	Chipley, FL. 32428	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAUGHLIN, AL	
2.3 STREET ADDRESS	PO Box 294 Hwy 279	
2.4 CITY-ST-ZIP	BONIFAY, FL. 32425	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hightower, Ailene	
3.3 STREET ADDRESS	3863 Swindle Rd	
3.4 CITY-ST-ZIP	Caryville, FL. 32427	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Malloy, Wesley	
4.3 STREET ADDRESS	Rt 1 Box 1693 Hwy 77	
4.4 CITY-ST-ZIP	Chipley, FL. 32428	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001818040	
5.3 STREET ADDRESS	-05/13/96--01025--014	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

R. Bruce Christmas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Bruce Christmas 4/20/96

Date

Daytime Phone #

CR2E037 (12/95)