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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790674** (6)

1. Corporation Name

WASHINGTON COUNTY FARM BUREAU LIMITED AGRICULTURAL ASSOCIATION

Principal Place of Business AGRICULTURAL ASSOCIATION 509 WEST JACKSON AVENUE CHIPLEY FL 32428	Mailing Address AGRICULTURAL ASSOCIATION 509 WEST JACKSON AVENUE CHIPLEY FL 32428-1703
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1967		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1058078		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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  **R. Bruce Christmas** 4/28/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D AUKEMA, ARTHUR	1.2 NAME	Effie Chesser
STREET ADDRESS	RT 7, BX 198, HWY 90	1.3 STREET ADDRESS	2800 Chesser Rd
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP	Vernon, Fl. 32462
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP COLLINS, LUCKETT	2.2 NAME	Lockett Collins
STREET ADDRESS	P.O. BOX 484 3161N WOODREST RD. N/A	2.3 STREET ADDRESS	PO Box 484 316 Woodrest Rd
CITY-ST-ZIP	CHIPLEY FL 32428	2.4 CITY-ST-ZIP	Chipley, Fl. 32428
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS LAUGHLIN, AL	3.2 NAME	Al Laughlin
STREET ADDRESS	P.O. BOX 284 HWY 279	3.3 STREET ADDRESS	PO Box 3 Hwy 279
CITY-ST-ZIP	BONIFAY FL 32425	3.4 CITY-ST-ZIP	Bonifay, Fl. 32425
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TDS WILLIAMS, LAVERNE	4.2 NAME	Wesley Malloy
STREET ADDRESS	RT 7 BX 650 HWY 77	4.3 STREET ADDRESS	1706 Foxworth Rd
CITY-ST-ZIP	CHIPLEY FL	4.4 CITY-ST-ZIP	Chipley, Fl. 32428
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SLOAN, CHARLES	5.2 NAME	dvp Charles Sloan
STREET ADDRESS	210 HWY 277 SOUTH	5.3 STREET ADDRESS	811 Hwy 277
CITY-ST-ZIP	CHIPLEY FL	5.4 CITY-ST-ZIP	Chipley, Fl. 32428
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HIGHTOWER, AILENE	6.2 NAME	
STREET ADDRESS	3863 SWINDLE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARYVILLE FL 32428	6.4 CITY-ST-ZIP	

14. I do 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:  **R. Bruce Christmas** 904/638/1756 4/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #00000002

CR2E037 (9/96)