

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 DEC 22 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790674

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
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 1361 JACKSON AVE. Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable 1361 JACKSON AVE. Suite, Apt. #, etc.
City & State CHIPLEY, FL	City & State CHIPLEY, FL
Zip 32428	Country WASHINGTON

4. Date Incorporated or Qualified To Do Business in Florida 06/12/1967
5. FEI Number 59-1058078
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	AUKEMA, ARTHUR WESLEY MALLOY	RT 7, BX 198, HWY 90 1706 FOXWORTH Rd.	CHIPLEY FL 32428
DVP	GOLLINS, LUCKETT CARLTON PADGETT	P.O. BOX 484 3161N WOODBREST RD. 1754 PADGETT CIRCLE	CHIPLEY FL 32428
D	LAUGHLIN, AL KENNETH HOOD	P.O. BOX 294 HWY 279 4650 WILDERNESS Rd.	BONIFAY FL 32425 VERNON, FL 32428 62
TDS	WILLIAMS, LAVERNE	RT 7 BX 650 HWY 77 2 HWY 77	CHIPLEY FL 32428
D	CHRISTMAS, R B	1616 PALMVIEW Rd.	COTTONDALE, FL 32431
D	SLOAN, CHARLES	240 HWY 277 SOUTH 811	CHIPLEY FL 32428
D	HIGHTOWER, AILENE	3863 SWINDLE RD.	CARYVILLE FL 32428
D	ALEXANDER, GEORGE	4290 CREEK Rd.	VERNON, FL 32462

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHRISTMAS, R B
1916 PALMVIEW RD
COTTONDALE FL 32431

Name	
Street Address (P.O. Box Number is Not Acceptable)	800002724829--4
Suite, Apt. #, Etc.	-12/29/98-01047--028
City	****236.25
State	FL
Zip Code	****236.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent R. B. CHRISTMAS
REGISTERED AGENT MUST SIGN

Date 12/7/98

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

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: RIGBURNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/98 808
838-1756
Date Daytime Phone #

CG2ED040 (8/98)