

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90225 025 \*\*\*\*61.25

0000919

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 790674**

1. Corporation Name

**WASHINGTON COUNTY FARM BUREAU LIMITED AGRICULTURAL ASSOCIATION**

Principal Place of Business

1361 JACKSON AVE  
CHIPLEY FL 32428

Mailing Address

1361 JACKSON AVE  
CHIPLEY FL 32428



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/12/1967

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

9. Name and Address of Current Registered Agent

CHRISTMAS, R B  
1916 PALMVIEW RD  
COTTONDALE FL 32431

10. Name and Address of New Registered Agent

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 617.1508, 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]*

3/11/99

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

D  
NAME MALLOY, WESLEY  
STREET ADDRESS 1706 FOXWORTH RD  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ DELETE

DVP  
NAME PADGETT, CARLTON  
STREET ADDRESS 1754 PADGETT CIRCLE  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ DELETE

D  
NAME HOOD, KENNITH  
STREET ADDRESS 4650 WILDERNESS RD  
CITY-ST-ZIP VERNON FL 32462

TITLE ☐ DELETE

TDS  
NAME WILLIAMS, LAVERNE  
STREET ADDRESS 2 HWY 77  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ DELETE

D  
NAME SLOAN, CHARLES  
STREET ADDRESS 811 HWY 277 SOUTH  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ DELETE

D.P.  
NAME CHRISTMAS, BRUCE  
STREET ADDRESS 1916 PALMVIEW RD  
CITY-ST-ZIP COTTONDALE FL 32431

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

D.  
NAME ALEXANDER, GEORGE  
STREET ADDRESS PO BOX 502  
CITY-ST-ZIP VERNON, FL 32462

2.1 TITLE ☐ Change ☒ Addition

D  
NAME WILLIAMS, BILL  
STREET ADDRESS 2 HWY. 77  
CITY-ST-ZIP CHIPLEY, FL 32428

3.1 TITLE ☐ Change ☒ Addition

D  
NAME CHRISTMAS, ANN  
STREET ADDRESS 1916 PALMVIEW RD.  
CITY-ST-ZIP COTTONDALE, FL 32431

4.1 TITLE ☐ Change ☒ Addition

D  
NAME HIGHTOWER, ALIENE  
STREET ADDRESS 3763 SWINOLE RD.  
CITY-ST-ZIP CARYVILLE, FL 32427

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

D.P.  
NAME CHRISTMAS, BRUCE  
STREET ADDRESS 1916 PALMVIEW RD.  
CITY-ST-ZIP COTTONDALE, FL 32431

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

DATE

850-638-1756

Daytime Phone #

CR2E037 (11/98)