

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 # 790675 (3)

1. Corporation Name
BAKER COUNTY FARM BUREAU LAA



Principal Place of Business: **WASHINGTON & JEFFERSON STREET
P. O. BOX 10
GLEN ST. MARY FL 32040**

Mailing Address: **WASHINGTON & JEFFERSON STREET
P. O. BOX 10
GLEN ST. MARY FL 32040**

3. Date Incorporated or Qualified: **06/12/1967**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**
Suite, Apt. #, etc.: **27**

City & State: **23**
City & State: **28**

Zip: **24** Country: **25**
Zip: **29** Country: **30**

4. FEI Number: **59-6177715**
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

**REGISTER, LLOYD
REGISTER RD. BOX 840
SANDERSON FL 32087**

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, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	REGISTER, HAMP
STREET ADDRESS	REGISTER RD BOX 414
CITY-ST-ZIP	GLEN ST. MARY FL 32040
TITLE	D <input type="checkbox"/> DELETE
NAME	RHODEN, LOUISE
STREET ADDRESS	STATE RD 23-C
CITY-ST-ZIP	MACCLENNY FL 32063
TITLE	D <input type="checkbox"/> DELETE
NAME	FISH, BEN F.
STREET ADDRESS	BEN FISH RD
CITY-ST-ZIP	SANDERSON FL 32087
TITLE	ST <input type="checkbox"/> DELETE
NAME	RAULERSON, JAMES P
STREET ADDRESS	STATE RD. 125, BOX 740
CITY-ST-ZIP	GLEN ST. MARY FL 32040
TITLE	VP <input type="checkbox"/> DELETE
NAME	JONES, ROBERT E
STREET ADDRESS	CLEAT HARVEY RD., BOX 2330
CITY-ST-ZIP	GLEN ST MARY FL
TITLE	P <input type="checkbox"/> DELETE
NAME	REGISTER, LLOYD A
STREET ADDRESS	REGISTER RD BOX 840
CITY-ST-ZIP	SANDERSON FL 32087

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: Lloyd Register - President 3/7/96-904259-6332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LLOYD REGISTER

CR2E037 (12/95)