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FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

WASHINGTON & JEFFERSON STREET
P. O. BOX 10
GLEN ST. MARY FL 32040WASHINGTON & JEFFERSON STREET
P. O. BOX 10
GLEN ST. MARY FL 32040-0010

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified
06/12/19673a. Date of Last Report
03/13/19964. FEI Number
59-6177715Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

REGISTER, LLOYD
REGISTER RD. BOX 840
SANDERSON FL 3208781 Name Louise B. Rhoden
82 Street Address (P.O. Box Number is Not Acceptable)
Route 2 Box 581
83 STATE Rd 23c
84 City Macclenny FL 85 Zip Code 32063

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

X Louise B. Rhoden President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME REGISTER, HAMP
STREET ADDRESS REGISTER RD BOX 414
CITY-ST-ZIP GLEN ST. MARY FL 320401.1 TITLE ST ☐ Change ☒ Addition
1.2 NAME Register, Darryl
1.3 STREET ADDRESS Register Rd, Box 839
1.4 CITY-ST-ZIP SANDERSON, FL 32087TITLE D ☐ DELETE
NAME RHODEN, LOUISE
STREET ADDRESS STATE RD 23-C
CITY-ST-ZIP MACCLENNY FL 320632.1 TITLE P ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FISH, BEN F.
STREET ADDRESS BEN FISH RD
CITY-ST-ZIP SANDERSON FL 320873.1 TITLE V.P. ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ST ☐ DELETE
NAME RAULERSON, JAMES P
STREET ADDRESS STATE RD. 125, BOX 740
CITY-ST-ZIP GLEN ST. MARY FL 320404.1 TITLE D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VP ☐ DELETE
NAME JONES, ROBERT E
STREET ADDRESS CLEAT HARVEY RD., BOX 2330
CITY-ST-ZIP GLEN ST MARY FL5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME REGISTER, LLOYD A
STREET ADDRESS REGISTER RD BOX 840
CITY-ST-ZIP SANDERSON FL 320876.1 TITLE D ☒ Change ☐ 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 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

Louise B. Rhoden

3/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000349

CR2E037 (9/96)