FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

3. Date Incorporated or Qualified
06/12/1967

4. FEI Number   59-6177715 | Applied For | Not Applicable

2. Principal Place of Business	21 *5-39 SOUTH 6th ST*	2a. Mailing Address	26 *5-39 SOUTH 6th ST*
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23 *MACCLENNY F-4t*	City & State	28 *MACCLENNY F-4t*
Zip 24 *32063*	Country 25 *BAKER*	Zip 29 *32063*	Country 30 *BAKER*

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RHODEN, LOUISE B
RT 2, BOX 561
STATE RD 23C
MACCLENNY FL 32063

10. Name and Address of New Registered Agent

81 Name	*LLOYD A Register*
82 Street Address (P.O. Box Number is Not Acceptable)	*Register RD Box 840*
83	
84 City	*SANDERSON* FL	85 Zip Code *32087*

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 *Lloyd Register*

Signature, type or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REGISTER, DARRYL		1.2 NAME	
STREET ADDRESS	REGISTER RD, BOX 839		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL		1.4 CITY-ST-ZIP	
TITLE	P D	☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	RHODEN, LOUISE		2.2 NAME	*LLOYD A. Register*
STREET ADDRESS	STATE RD 23-C		2.3 STREET ADDRESS	*Register RD Box 840*
CITY-ST-ZIP	MACCLENNY FL		2.4 CITY-ST-ZIP	*SANDERSON, FLA 32087*
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FISH, BEN F.		3.2 NAME	
STREET ADDRESS	BEN FISH RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RAULERSON, JAMES P		4.2 NAME	
STREET ADDRESS	STATE RD. 125, BOX 740		4.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JONES, ROBERT E		5.2 NAME	
STREET ADDRESS	CLEAT HARVEY RD., BOX 2330		5.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST MARY FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	REGISTER, LLOYD A		6.2 NAME	
STREET ADDRESS	REGISTER RD BOX 840		6.3 STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL		6.4 CITY-ST-ZIP	

DED $61 25

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.

SIGNATURE *Lloyd R.*   *4-23-98 (904) 259-6332*

CR2E037 (10/97)