


FILE NOW: FILING FEE IS \$61.25

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Mar 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 790675			
1. Corporation Name BAKER COUNTY FARM BUREAU LAA			
Principal Place of Business 539 SOUTH 6TH ST MCCLENNY FL 32063		Mailing Address 539 SOUTH 6TH ST MCCLENNY FL 32063	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/12/1967 4. FEI Number 59-6177715 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent REGISTER, LLOYD A 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			
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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 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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RHODEN, LOUISE			2.2 NAME			
STREET ADDRESS	STATE RD 23-C			2.3 STREET ADDRESS			
CITY-ST-ZIP	MACCLENNY FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAULERSON, JAMES P			4.2 NAME	D Charles Rowe		
STREET ADDRESS	STATE RD. 125, BOX 740			4.3 STREET ADDRESS	Rowe Rd Box 740		
CITY-ST-ZIP	GLEN ST. MARY FL			4.4 CITY-ST-ZIP	MACCLENNY FL. 32040		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	P	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REGISTER, LLOYD A			6.2 NAME			
STREET ADDRESS	REGISTER RD BOX 840			6.3 STREET ADDRESS			
CITY-ST-ZIP	SANDERSON FL 32087			6.4 CITY-ST-ZIP			

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: *Lloyd A Register* Lloyd A Register, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/17/99 904-259-6332
Daytime Phone #

CR 10:17 (1/98)