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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790677** (9)

1. Corporation Name

HERNANDO-CITRUS COUNTY FARM BUREAU, LAA

Principal Place of Business

**617 LAMAR AVE.
BROOKSVILLE FL 34801
US**

Mailing Address

**617 LAMAR AVE.
BROOKSVILLE FL 34801-3211
US**



3. Date Incorporated or Qualified **03/28/1952** 3a. Date of Last Report **02/12/1996**

4. FEI Number **59-0900903** Applied For ☐ Not Applicable ☒

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TREIMAN, MONROE W
950 VILLAGE DR
BROOKSVILLE FL 34801**

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 changes were 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 617.0505, Florida Statutes.

SIGNATURE

Monroe W. Treiman

MONROE W. TREIMAN

3/14/97

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 ☐ DELETE
NAME **ST**
STREET ADDRESS **TREIMAN, MONROE W**
CITY - ST - ZIP **950 VILLAGE DR
BROOKSVILLE FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **THOMAS, JOHN L**
CITY - ST - ZIP **6091 S PLEASANT GROVE RD.
INVERNESS FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MASON, JOHN**
CITY - ST - ZIP **921 S MILDRED AVE
BROOKSVILLE FL**

TITLE ☐ DELETE
NAME **DD**
STREET ADDRESS **WOLF, VIVIAN**
CITY - ST - ZIP **4375 WOLF RD.
BROOKSVILLE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROOKS, VALENTINE M**
CITY - ST - ZIP **7725 S PLEASANT GROVE RD
INVERNESS FL**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SMITH, KENNETH W.**
CITY - ST - ZIP **23421 WHITMAN RD.
BROOKSVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ 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 or changed, or in an attachment with an address.

SIGNATURE:

Monroe W. Treiman

3-14-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0086266**

CR2E037 (9/96)