


FILE NOW: FILING FEE IS \$61.25

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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. 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 US
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3. Date Incorporated or Qualified 03/28/1952	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-0900903		

2. Principal Place of Business 21 617 Lamar Ave Suite, Apt. #, etc. 22	2a. Mailing Address 26 617 Lamar Ave Suite, Apt. #, etc. 27
City & State 23 Brooksville, FL Zip 34601 Country 25 Hernando	City & State 28 Brooksville, FL Zip 34601 Country 30 Hernando

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TREIMAN, MONROE W
950 VILLAGE DR
BROOKSVILLE FL 34801**

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 Monroe W. Treiman 4/24/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TREIMAN, MONROE W	
STREET ADDRESS	950 VILLAGE DR	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMAS, JOHN L	
STREET ADDRESS	8091 S PLEASANT GROVE RD.	
CITY - ST - ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, JOHN	
STREET ADDRESS	921 S MILDRED AVE	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	WOLF, VIVIAN	
STREET ADDRESS	4375 WOLF RD.	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROOKS, VALENTINE M	
STREET ADDRESS	7725 S PLEASANT GROVE RD	
CITY - ST - ZIP	INVERNESS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, KENNETH W.	
STREET ADDRESS	23421 WHITMAN RD.	
CITY - ST - ZIP	BROOKSVILLE FL	

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 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: Kenneth W Smith 4/24/98 352-796-2526

CR2E037 (10/97)