

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90118 050 \*\*\*\*61.25

0070768

DOCUMENT # 790677

1. Corporation Name

HERNANDO-CITRUS COUNTY FARM BUREAU, LAA

Principal Place of Business

617 LAMAR AVE.  
BROOKSVILLE FL 34601  
US

Mailing Address

617 LAMAR AVE.  
BROOKSVILLE FL 34601  
US



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

30

3. Date Incorporated or Qualified

03/28/1952

4. FEI Number

59-0900903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

TREIMAN, MONROE W  
950 VILLAGE DR  
BROOKSVILLE FL 34601

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

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

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

*Katherine Harris*  
President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

352-796-2526

Date

Daytime Phone #

CR2E037 (11/98)