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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 790685

(2)

MADISON COUNTY FARM BUREAU, LAA

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2. Principal Piaco of Business 22. Mailing Address 59-0817185								
Surfo, Agol. #, etc.	9 Principal Pla	ace of Rusinges	2a Mailino Address				 	
Suite, Apt. #, etc. Suite, Apt. #, etc.		ace or Eddiness	——————————————————————————————————————					
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TERRY, RICHARD TERR	23		28		Trust Fund Contribution	LJ		
Section Sect	Zip	Country	— ·		· _ · _ · _ · _ · _ · _ · _ · · · ·			199.032,
TERRY, RICHARD RT 1, BOX 2295 MADISON FL 32340 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 12. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 12. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 12. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 12. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 13. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 14. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 15. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 16. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 17. Pursuant to the provisions of Sections 617,0502 and 617,1502 a	24			30]				
TERRY, RICHARD RT 1, BOX 2295 MADISON FL 32340 11. Pursuant to the provisions of Sectors 617,0502 and 617,1508, Florida Statutes are registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 1 am and accept the ediplatins of, Secting 617,0503, Florida Statutes. SIGNATURE Corporation agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 1 am and accept the ediplatins of, Secting 617,0503, Florida Statutes. SIGNATURE DV D DELETE 11711LE DV DATE DELETE 11711LE DV DATE D		9. Name and Address of Currer	it Hegistered Agent	91 Nama	10. Name and Address of New He	gistered Ag	ant	
RT 1, BOX 2285 RE				`` \``\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	cing. How∍ll			
MADISON FL 32340					odress (P.O. Box Number is Not Acceptable	9)		
## Of Madd Son FL 85 Zon Code 32.340 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above-named copporation submits this statement for the purpose of changing is registered office or registered agent of chooks. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered eigent. I am formation and accept the collegations of, Sections 617.0503, Florids Statutes. SIGNATURE Survivus Propor or private registered agent and "Incidental Statutes" Potter Registered Agent segretared registered of directors. I hereby accept the appointment as registered agent. I am formation and accept the collegations of, Section 617.0503, Florids Statutes. SIGNATURE Survivus Propor or private registered agent and "Incidental Statutes" Potter Registered Agent segretare required when remarking 12.	•				4, box 1255			
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 officer 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 egent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE	MADISO	N FL 32340		" 23	elisin, iii			
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 officer 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 egent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE					11	E 1	85 Zip	Code
or registered agent, or both, in the State of Roirda. 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, Secting 617-0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE DV	44 Diversions	to the expulsions of Sections 617.0603	and 617 1508. Florida Statutes	the above named con	11.5011		ion its re	2340
SIGNATURE Symbol princed page and page placeton NOTE Registered Agent agrants required when remitating DATE	or register	ed agent, or both, in the State of Flori	da. Such change was authorized	by the corporation's b	oard of directors. I hereby accept the appo	intment as re	gistered	agent. I am
22	familiar wit		ion 617.0503, Florida Statutes.		-			
12.			and Tapplicable. (NOTE	Registered Agent signature reg	uired when reinstating)	DATE		
THE						CERS AND D	RECTO	RS IN 12
STREET ADDRESS	TITLE	DV	DELETE	1.1 TITLE			Change	Addition
LEE FL	NAME	PAARLBERG, CHARLES		1.2 NAME				
TITLE	STREET ADDRESS	RT 1 BOX 1195/NA		1.3 STREET ADDRESS				
NAME	CITY-ST-ZIP	LEE FL	<u> </u>	1.4 CITY - ST - ZIP				
STREET ADDRESS RT 1 BOX 188/NA 23 STREET ADDRESS 24 CITY-ST-ZIP	TITLE		DEFERE	21 TITLE			Change	Addition
LEE, FL 00000	NAME	WILLIAMS, AARON		2.2 NAME				
TITLE	STREET ADDRESS	–		2.3 STREET ADDRESS				
SAPP, DOZIER E	CITY-ST-ZIP	LEE, FL 00000					<u> </u>	
STREET ADDRESS RT 1 BOX 930/NA 33 STREET ADDRESS 34 CITY-ST-ZIP	TITLE		DELETE			П	Unange	Modition
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NAME SEARCEY, BOB 4 2 NAME			□nc: ctc	****			Change	T Addition
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MADISON, FL 00000								
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NAME TERRY, RICHARD STREET ADDRESS RT.1, BOX 2295/NA 62 NAME Terry, Richard 63 STREET ADDRESS Rt. 1, Box 2295			DELETE		D	Ø	Change	Addition
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CITY-ST-ZIP MADISON FL 64CITY-ST-ZIP Madison F1 32340					Rt. 1. Box 2295			
		MADISON FL			Madison, F1 32340			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further	14. I do hereb	by certify that the information supplied	with this filing is voluntarily furnis	hed and does not qual	fy for the exemption stated in Section 119.	07(3)(k), Florid	a Statut	es. 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.	certify that oath; that	t the information indicated on this ann I am an officer or director of the corp	ual report or supplemental annu- oration or the receiver or trustee	al report is true and acc empowered to execute	curate and that my signature shall have the	same legal en	OCUES II	r made under

SIGNATURE: & M & Warn M.H. Waring 2.16.96

SIGNATURE: AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Dello



MADISON COUNTY FARM BUREAU



503 West Base Street, Madison, FL 32340, Telephone (904) 973-4071

March 3, 1995

Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, Fl 32302-1500

RE: Madison County Farm Bureau 503 W. Base St. Madison, Fl 32340

Document # 790685

To Whom It May Concern:

Please add the following to our list of Officers and Directors:

D
Bradfield, Don
Rt. 1, Box 865/NA
Lee, F1 32059-9758

D Cone, Richard Rt. 2, Box 260/NA Greenville, Fl 32331-9527

D Hudson, Wayne Rt. 3, Box 127/NA Greenville, Fl 32331-9316

D Regans, Ben Rt. 2, Box 955/NA Madison, Fl 32340-9433

D Ragans, Jimmie Rt. 1, Box 3330/NA Madison, Fl 32340-9433

D P Waring, Howell Rt. 4, Box 1255/NA Madison, Fl 32340-9727