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Jan 30 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 # **790685** (2)

1. Corporation Name

MADISON COUNTY FARM BUREAU, LAA



Principal Place of Business 503 W. BASE ST. MADISON FL 32340-2005	Mailing Address 503 W. BASE ST. MADISON FL 32340-2005
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3. Date Incorporated or Qualified **09/12/1952** 3a. Date of Last Report **02/26/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-0817185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WARING, HOWELL RT 4 BOX 1255 MADISON FL 32340	
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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 M H Waring **M H Waring, President** 01-24-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DV PAARLBERG, CHARLES
STREET ADDRESS	RT 1 BOX 1195/NA
CITY-ST-ZIP	LEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WILLIAMS, AARON
STREET ADDRESS	RT 1 BOX 188/NA
CITY-ST-ZIP	LEE, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	D SAPP, DOZIER E
STREET ADDRESS	RT 1 BOX 930/NA
CITY-ST-ZIP	MADISON, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	STD SEARCEY, BOB
STREET ADDRESS	RT 2 BOX 1000/NA
CITY-ST-ZIP	MADISON, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	D WEBB, JOHN C
STREET ADDRESS	RT 1 BOX 92/NA
CITY-ST-ZIP	LEE, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	D TERRY, RICHARD
STREET ADDRESS	RT 1 BOX 2295
CITY-ST-ZIP	MADISON 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 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 if changed or on an attachment with an address.

SIGNATURE M H Waring **M H Waring, President** 01-24-97 004 073 4071

CR2E037 (9/96)



MADISON COUNTY FARM BUREAU

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

January 20, 1997

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, FL 32059

D
Cone, Richard
Rt. 4, Box 260/NA
Greenville, FL 32331

D
Hudson, Wayne
Rt. 3, Box 127/NA
Greenville, FL 32331

D
Ragans, Ben
Rt. 2, Box 955/NA
Madison, FL 32340

D
Ragans, Jimmie
Rt. 1, Box 3330/NA
Madison, FL 32340

If you have any questions, please call our office at (904) 973-4071.

Thank You,
Howell Waring, President