

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 790685

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90102 032 ****70.00

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/12/1952	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0817185	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

WARING, HOWELL
RT 4 BOX 1225
MADISON FL 32340

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV PAARLBERG, CHARLES	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 1 BOX 1195/NA	1.2 NAME	
STREET ADDRESS	LEE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WILLIAMS, AARON	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 1 BOX 188/NA	2.2 NAME	
STREET ADDRESS	LEE, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SAPP, DOZIER E	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 1 BOX 930/NA	3.2 NAME	
STREET ADDRESS	MADISON, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	STD SEARCEY, BOB	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 2 BOX 1000/NA	4.2 NAME	Searcy, Bob
STREET ADDRESS	MADISON, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WEBB, JOHN C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 1 BOX 92/NA	5.2 NAME	
STREET ADDRESS	LEE, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D TERRY, RICHARD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 1 BOX 2295	6.2 NAME	
STREET ADDRESS	MADISON FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 (850) 973-4071

Date

Daytime Phone #

CR2E037 (11/98)