

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790719 (9)

1. Corporation Name

CLAY COUNTY FARM BUREAU LAA



Principal Place of Business

Mailing Address

**1836 BLANDING BLVD
#D
MIDDLEBURG FL 32068**

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#D
MIDDLEBURG FL 32068**

3. Date Incorporated or Qualified
06/22/1954

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6177719

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARTER, LEON W
2204 LOUIE CARTER RD.
BALDWIN FL 32234**

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's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **SHORT, ALMA**
STREET ADDRESS **918 ST JOHN AVE**
CITY-ST-ZIP **GREEN COVE SPRING FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILKINSON, MARION**
STREET ADDRESS **BOX 1020 CR. 217**
CITY-ST-ZIP **JACKSONVILLE FL 32234**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BOWER JR., BISHOP W**
STREET ADDRESS **025 GREEN ACRE RD.**
CITY-ST-ZIP **MIDDLEBURG FL 32050**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **ST BOWER JR., BISHOP W.**
3.3 STREET ADDRESS **4025 GREEN ACRE RD.**
3.4 CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **ST** ☐ DELETE
NAME **CARTER, LEON**
STREET ADDRESS **2204 LOUIE CARTER RD**
CITY-ST-ZIP **BALDWIN FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **V CARTER, LEON**
4.3 STREET ADDRESS **2204 LOUIE CARTER RD**
4.4 CITY-ST-ZIP **BALDWIN, FL 32234**

TITLE **D** ☒ DELETE
NAME **HICKEY, CLEO**
STREET ADDRESS **6761 SHARON RD**
CITY-ST-ZIP **GREEN COVE SPRNGS FL 32043**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D WEEKS, JAMES**
5.3 STREET ADDRESS **4439 WEEKS RD**
5.4 CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **D** ☐ DELETE
NAME **SPURLIN, GERALD L**
STREET ADDRESS **3199 SR-16 WEST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Alma D. Short
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alma D. Short

4-16-96
Date

264-6512
Daytime Phone #
ext 150

CR2E037 (12/95)