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FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 320681836 BLANDING BLVD
#D
MIDDLEBURG FL 32068-38483. Date Incorporated or Qualified
06/22/19543a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHORT, ALMA	
STREET ADDRESS	918 ST JOHN AVE	
CITY-ST-ZIP	GREEN COVE SPRING FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILKINSON, MARION	
STREET ADDRESS	BOX 1020 CR. 217	
CITY-ST-ZIP	JACKSONVILLE FL 32234	

2.1 TITLE	VICE P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILKINSON, MARION	
2.3 STREET ADDRESS	1019 COUNTY RD 17	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32234	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BOWER JR., BISHOP W	
STREET ADDRESS	4025 GREEN ACRE RD	
CITY-ST-ZIP	MIDDLEBURG FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	CARTER, LEON	
STREET ADDRESS	2204 LOUIE CARTER RD	
CITY-ST-ZIP	BALDWIN FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CARTER, LEON
4.3 STREET ADDRESS	2204 LOUIE CARTER RD
4.4 CITY-ST-ZIP	BALDWIN, FL 32234

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEEKS, JAMES	
STREET ADDRESS	4439 WEEKS RD	
CITY-ST-ZIP	GREEN COVE SPRNGS FL	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JESSE GODBOLD
5.3 STREET ADDRESS	205 PARK ST.
5.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPURLIN, GERALD L	
STREET ADDRESS	3199 SR-16 WEST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)