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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 790719					
1. Corporation Name CLAY COUNTY FARM BUREAU LAA					
Principal Place of Business 1836 BLANDING BLVD #D MIDDLEBURG FL 32068			Mailing Address 1836 BLANDING BLVD #D MIDDLEBURG FL 32068		
2. Principal Place of Business 21 3960 LAZY ACRE ROAD Suite, Apt. #, etc. 22 MIDDLEBURG, FL 32068 City & State 23 Zip Country 24 25		2a. Mailing Address 26 3960 LAZY ACRE ROAD Suite, Apt. #, etc. 27 MIDDLEBURG, FL 32068 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/22/1954 4. FEI Number 59-6177719 Applied For Not Applicable 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	
9. Name and Address of Current Registered Agent CARTER, LEON W 2204 LOUIE CARTER RD. BALDWIN FL 32234			10. Name and Address of New Registered Agent 81 Name JESSE GODBOLD 82 Street Address (P.O. Box Number is Not Acceptable) 3960 LAZY ACRE ROAD 83 84 City MIDDLEBURG, 85 Zip Code FL 32068		
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 <i>Jesse Godbold</i> DATE 1-19-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME D 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 <input type="checkbox"/> DELETE NAME P WILKINSON, MARION STREET ADDRESS 1019 COUNTY RD 17 CITY-ST-ZIP JACKSONVILLE FL			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME DIRECTOR 2.3 STREET ADDRESS WILKINSON, MARION 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME P BOWER, BISHOP STREET ADDRESS 4025 GREEN ACRE RD CITY-ST-ZIP MIDDLEBURG FL			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME ST 3.3 STREET ADDRESS BOWER, BISHOP 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME ST 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 D 4.3 STREET ADDRESS CARTER, LEON 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D GODBOLD, JESSE STREET ADDRESS 205 PARK ST CITY-ST-ZIP GREEN COVE SPRNGS FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME P 5.3 STREET ADDRESS GODBOLD, JESSE 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D 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		

SIGNATURE:

Jesse Godbold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)