## 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 # 790719

1. Corporation Name

CLAY COUNTY FARM BUREAU LAA

## FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90094 039 \*\*\*\*61.25

CLAT COUNTY PARIVI BUREAU LAA									
Principal Place of Business Mailing Address  1836 BLANDING BLVD  #D  MIDDLEBURG FL 32068  MiddleBurg FL 32068					,				
- 20'60	Place of Business LAZY ACRE ROAD	2a. Mailing Address 3960 LAZY	ACRE	ROAI		3. Date Incorporated or Qualifed 06/22/1954	<u> </u>		
<del></del> ;	1 3960 LAZY ACRE ROAD 26 3960 LAZY Suite, Apt. #, etc.			1.011		4. FEI Number	Apr	lied For	
22 MIDD	LEBURG, FL 32068	27 MIDDLEBURG	, FL	32	068	<b>59-</b> 6177719	<del></del>	Applicable	
City & Stat	e	City & State				5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Red	I .	
Zip	Country	Zip	Country	/		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30				Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New Regis	stered Agent		
Carter, Leon W 2204 Louie Carter RD. Baldwin Fl 32234			82	JES Street / 396	SSE GODBOLD Address (P.O. Box Number is Not Acceptable) 60 LAZY ACRE ROAD				
BALDWIN	FL 32234			ļ					
			84	CMII	DDL	EBURG,	FL  85  372	068	
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 Floridan Sych 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 objections of Section 617.0503, Florida Statutes.  Signature, typic or printer name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND		13.	in asyrianure re	Adminut a	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12	
TITLE	/D /	☐ DELETE	1.1 TITLE				☐ Change	Addition	
NAME	SHOPT, ALMA		1,2 NAME	Į					
STREET ADDRESS	918 ST JOHN AVE		1.3 STREE	TADORESS			-	}	
CITY-ST-ZIP	GREEN COVE SPRING FL		1.4 CITY-ST-ZIP					- Addition	
TITLE	P	· · · · · · · · · · · · · · · · · · ·		-		RECTOR	Change	Addition	
NAME	WILKINSON, MARION		2.2 NAME 2.3 STREET AL		ΜŢ	LKINSON, MARION	,	ļ	
STREET ADDRESS	1019 COUNTY RD 17 JACKSONVILLE FL		2.4 CITY-S						
CITY-ST-ZIP TITLE	P	( ) DELETE	3.1 TITLE	31-ZIF	ST			Addition	
NAME	BOWER, BISHOP		1			WER, BISHOP			
STREET ADDRESS	\ <del></del>		3.3 STREET ADDRESS			•		}	
CITY-ST-ZIP	MIDDLEBURG FL		3.4. CITY-5	ST-ZIP					
TITLE	ST	☐ DELETE	4.1 TITLE		D		Change	☐ Addition	
NAME	CARTER, LEON		4. 2 NAME		CA	RTER, LEON			
STREET ADDRESS				TADORESS					
CITY-ST-ZIP	BALDWIN FL	Попет	4.4 CITY-S	T-ZIP				A didition	
TITLE	D SOPPOLE IFOOF	☐ DELETE	5.1 TITLE 5.2 NAME		P		☐ Change	Addition	
NAME STREET ADDRESS	GODBOLD, JESSE			T ADDRESS	GU.	DBOLD, JESSE			
STREET ADDRESS CITY-ST-ZIP	205 PARK ST GREEN COVE SPRNGS FL		5.4 CITY-S						
TITLE	D	☐ DELETE	6.1 TITLE		-		. Change	Addition	
NAME	Spurlin, Gerald L		6.2 NAME	İ				_	
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP	GREEN COVE SPRINGS FL		6.4 CITY-S	T-ZIP				į	

CMY-ST-ZIP GREEN COVE SPRINGS FL

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:

:R2E037 (11/98