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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 790726 (4)
1. Corporation Name
PUTNAM ST JOHN'S COUNTY FARM BUREAU LAA



Principal Place of Business Mailing Address
ROUTE 3, BOX 28 ROUTE 3, BOX 28
EAST PALATKA FL 32131-9005 EAST PALATKA FL 32131-9803

3. Date Incorporated or Qualified 09/24/1954 3a. Date of Last Report 04/11/1996
4. FEI Number 59-1114266 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

SMITH, WAYNE D
9700 HASTINGS BLVD.
HASTINGS FL 32145

10. Name and Address of New Registered Agent

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: *Wayne D. Smith* WAYNE D. SMITH 2-28-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COWART, GREGORY			1.2 NAME	COWART, GREGORY		
STREET ADDRESS	2376 SOUTH HWY 17			1.3 STREET ADDRESS	2376 SOUTH HWY. 17		
CITY-ST-ZIP	CRESCENT CITY FL			1.4 CITY-ST-ZIP	CRESCENT CITY, FL 32112		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAUTIER, GREGORY			2.2 NAME	COTTON, WILLIAM R.		
STREET ADDRESS	600 CHERRY STREET			2.3 STREET ADDRESS	8650 HASTINGS BLVD.		
CITY-ST-ZIP	CRESCENT CITY FL			2.4 CITY-ST-ZIP	HASTINGS, FL 32145		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COTTON, WILLIAM R			3.2 NAME	FROELICH, JOSEPH A. JR.		
STREET ADDRESS	8650 HASTINGS BLVD			3.3 STREET ADDRESS	206 MAGNOLIA AVE.		
CITY-ST-ZIP	HASTINGS FL			3.4 CITY-ST-ZIP	CRESCENT CITY, FL 32112		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FROELICH, JOSEPH A JR			4.2 NAME	GAUTIER, GREGORY C.		
STREET ADDRESS	206 MAGNOLIA AVE			4.3 STREET ADDRESS	600 CHERRY ST.		
CITY-ST-ZIP	CRESCENT CITY FL			4.4 CITY-ST-ZIP	CRESCENT CITY, FL 32112		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASTERS, LAWRENCE A			5.2 NAME	SIEHLER, THEODORE B.		
STREET ADDRESS	7695 HUB BAILEY ROAD			5.3 STREET ADDRESS	430 SISCO RD.		
CITY-ST-ZIP	HASTINGS FL			5.4 CITY-ST-ZIP	POMONA PARK, FL 32181		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	SMITH, WAYNE D.		
STREET ADDRESS				6.3 STREET ADDRESS	9700 HASTINGS BLVD.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	HASTINGS, FL 32145		

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: *Wayne D. Smith* WAYNE D. SMITH 2-28-97 (904) 325-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)

PUTNAM - ST. JOHNS COUNTY FARM BUREAU LAA
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BOX 13 CONTINUED

7.1 TITLE	D
7.2 NAME	MASTERS, LAWRENCE A. JR.
7.3 STREET ADDRESS	7695 HUB BAILEY RD.
7.4 CITY-ST-ZIP	HASTINGS, FL 32145