

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 790726 (4)**

1. Corporation Name  
**PUTNAM ST JOHN'S COUNTY FARM BUREAU LAA**

Principal Place of Business <b>ROUTE 3, BOX 28 EAST PALATKA FL 32131-9005</b>	Mailing Address <b>ROUTE 3, BOX 28 EAST PALATKA FL 32131-9005</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/24/1954</b>
4. FEI Number <b>59-1114266</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners Association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Wayne D. Smith* **WAYNE D. SMITH** DATE **2/27/98**

Signature typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COWART, GREGORY	
STREET ADDRESS	2376 SOUTH HWY 17	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAUTIER, GREGORY	
STREET ADDRESS	600 CHERRY STREET	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COTTON, WILLIAM R	
STREET ADDRESS	8650 HASTINGS BLVD	
CITY-ST-ZIP	HASTINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FROELICH, JOSEPH A JR	
STREET ADDRESS	206 MAGNOLIA AVE	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SIEHLER, THEODORE B	
STREET ADDRESS	430 SISCO RD	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, WAYNE D	
STREET ADDRESS	9700 HASTINGS BLVD	
CITY-ST-ZIP	HASTINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MASTERS, LAWRENCE A. JR.	
1.3 STREET ADDRESS	7695 Hub Bailey Rd.	
1.4 CITY-ST-ZIP	Hastings, FL 32145	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sykes, John W. Jr.	
2.3 STREET ADDRESS	5630 State Rd. 207	
2.4 CITY-ST-ZIP	Elkton, FL 32033	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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** DATE **2/27/98** (904) 325-5822

CR2E037 (10/97)