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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90057 038 ****61.25

0002/084

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790726

1. Corporation Name

PUTNAM ST JOHN'S COUNTY FARM BUREAU LAA

Principal Place of Business

ROUTE 3, BOX 28
EAST PALATKA FL 32131-9005

Mailing Address

ROUTE 3, BOX 28
EAST PALATKA FL 32131-9005



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/24/1954

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

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MASTERS, LAWRENCE A JR
STREET ADDRESS 7698 HUB BAILEY RD
CITY-ST-ZIP HASTINGS FL 32145

TITLE D ☐ DELETE

NAME SYKES, JOHN W JR
STREET ADDRESS 5630 STATE RD., 207
CITY-ST-ZIP ELKTON FL 32033

TITLE TD ☐ DELETE

NAME COTTON, WILLIAM R
STREET ADDRESS 8650 HASTINGS BLVD
CITY-ST-ZIP HASTINGS FL

TITLE SD ☐ DELETE

NAME FROELICH, JOSEPH A JR
STREET ADDRESS 206 MAGNOLIA AVE
CITY-ST-ZIP CRESCENT CITY FL

TITLE VPD ☐ DELETE

NAME SIEHLER, THEODORE B
STREET ADDRESS 430 SISCO RD
CITY-ST-ZIP POMONA PARK FL

TITLE PD ☐ 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 ☐ Change ☒ Addition

1.2 NAME COWART, GREGORY R.

1.3 STREET ADDRESS 2376 So. Hwy. 17

1.4 CITY-ST-ZIP Crescent City, FL 32112

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME GAUTIER, GREGORY C.

2.3 STREET ADDRESS 600 CHERRY ST.

2.4 CITY-ST-ZIP Crescent City, FL 32112

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99 (904) 325-5822

Date

Daytime Phone #

CR05037 (11/98)