

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90052 008 ****61.25

DOCUMENT # 790726

1. Entity Name

PUTNAM ST JOHN'S COUNTY FARM BUREAU LAA



Principal Place of Business

147 US HWY 17 SOUTH
EAST PALATKA FL 32131-9005

Mailing Address

147 US HWY 17 SOUTH
EAST PALATKA FL 32131-9005

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1114266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROELICH, JOSEPH
206 MAGNOLIA AVE
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

206 MAGNOLIA AVE

City

CRESCENT CITY

FL

Zip Code

32112

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOSEPH FROELICH

1/23/04

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. 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 **D** ☐ Delete
NAME **FROELICH, JAY**
STREET ADDRESS **718 N. PROSPECT ST**
CITY-ST-ZIP **CRESCENT CITY FL 32112** **Chg ->**

TITLE **PD** ☐ Delete
NAME **FROELICH, JOSEPH A JR**
STREET ADDRESS **206 MAGNOLIA AVE**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **VPD** ☐ Delete
NAME **SIEHLER, THEODORE B**
STREET ADDRESS **430 SISCO RD**
CITY-ST-ZIP **POMONA PARK FL 32181**

TITLE **SD** ☐ Delete
NAME **SMITH, WAYNE D**
STREET ADDRESS **9700 HASTINGS BLVD**
CITY-ST-ZIP **HASTINGS FL 32145**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JEB SMITH**
STREET ADDRESS **9365 HASTINGS BLVD**
CITY-ST-ZIP **HASTINGS, FL 32145**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MAURICE STERLING**
STREET ADDRESS **1112 GREENBRIAR ROAD**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **SEC.** ☒ Change ☐ Addition
NAME **JAY FROELICH**
STREET ADDRESS **718 n. PROSPECT ST**
CITY-ST-ZIP **CRESCENT CITY, FL**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/04 386325-5822