

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90466 033 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

~~SMITH, WAYNE D
9700 HASTINGS BLV
HASTINGS FL 32145~~

president
**JOSEPH A. FROELICH
P O BO 636
CRESCENT CITY, FL 32112**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MASTERS, LAWRENCE A JR	
STREET ADDRESS	7698 HUB BAILEY RD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	D	<input type="checkbox"/> Delete
NAME	SYKES, JOHN W JR	
STREET ADDRESS	5630 STATE RD., 207	
CITY-ST-ZIP	ELKTON FL 32033	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COTTON, WILLIAM R	
STREET ADDRESS	8650 HASTINGS BLVD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FROELICH, JOSEPH A JR	
STREET ADDRESS	206 MAGNOLIA AVE	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SIEHLER, THEODORE B	
STREET ADDRESS	430 SISCO RD	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, WAYNE D	
STREET ADDRESS	9700 HASTINGS BLVD	
CITY-ST-ZIP	HASTINGS FL 32145	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY FROELICH	
STREET ADDRESS	209 LAKEVIEW AVE.	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEB SMITH	
STREET ADDRESS	9365 HASTINGS BLVD	
CITY-ST-ZIP	HASTINGS, FL 32145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURICE STERLING	
STREET ADDRESS	1112 GREEN BRIAR ROAD	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN R. NEWBOLD III	
STREET ADDRESS	P O BOX 986	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Joseph A Froelich Jr.

1/8/03

CR2E037 (10/02)