

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790738** (9)

1. Corporation Name

JEFFERSON COUNTY FARM BUREAU, LAA.

Principal Place of Business

Mailing Address

**105 W ANDERSON ST
MONTICELLO FL 32344
US**

**105 W. ANDERSON ST.
MONTICELLO FL 32344
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/17/1955

4. FEI Number

59-1010268

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**BIRD, BUCKINGHAM R
105 W ANDERSON ST
MONTICELLO FL 32344**

81 Name

David S Lewis

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

105 W. Anderson St.

83

84 City

Monticello

FL

85 Zip Code

32344

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

David S Lewis, Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, DOROTHY P.	
STREET ADDRESS	RT. 1 BOX 233	
CITY-ST-ZIP	MONTICELLO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONROE, DANNY III	
STREET ADDRESS	RT 3 BOX 51	
CITY-ST-ZIP	MONTICELLO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYD, ALLEN	
STREET ADDRESS	RT 2 BOX 33	
CITY-ST-ZIP	MONTICELLO FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BIRD, BUCKINGHAM	
STREET ADDRESS	105 W ANDERSON ST	
CITY-ST-ZIP	MONTICELLO FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	LEWIS, DAVID S.	
STREET ADDRESS	RT. 3, BOX 127-G	
CITY-ST-ZIP	MONTICELLO FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	DEMOTT, HERBERT	
STREET ADDRESS	RT. 1, BOX 197-A	
CITY-ST-ZIP	MONTICELLO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	90000025531819
1.3 STREET ADDRESS	-05/09/98--01119--015
1.4 CITY-ST-ZIP	*****61.25 *****61.25

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bird, Buckingham
4.3 STREET ADDRESS	P.O. Box 247 N/A
4.4 CITY-ST-ZIP	Monticello FL 32344

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lewis, David S.
5.3 STREET ADDRESS	105 W. Anderson St.
5.4 CITY-ST-ZIP	Monticello, FL 32344

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:

David S Lewis, Pres

DAVID S. LEWIS

4/22/98

FILED
JUN -5 PM 4:15
TALLAHASSEE, FLORIDA



CR2E037 (10/97)