


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90068 039 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 790738</b>					
1. Corporation Name <b>JEFFERSON COUNTY FARM BUREAU, LAA.</b>					
Principal Place of Business <b>105 W ANDERSON ST          MONTICELLO FL 32344          US</b>			Mailing Address <b>105 W. ANDERSON ST.          MONTICELLO FL 32344          US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/17/1955	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1010268	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		29 30	
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LEWIS, DAVID S          105 W ANDERSON ST          MONTICELLO FL 32344</b>				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

*David S. Lewis*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/99  
 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, DOROTHY P.			1.2 NAME			
STREET ADDRESS	RT. 1 BOX 233			1.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONROE, DANNY III			2.2 NAME			
STREET ADDRESS	RT 3 BOX 51			2.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, ALLEN			3.2 NAME			
STREET ADDRESS	RT 2 BOX 33			3.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRD, BUCKINGHAM			4.2 NAME			
STREET ADDRESS	P.O. BOX 247 N/A			4.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL 32345			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, DAVID S			5.2 NAME			
STREET ADDRESS	105 W. ANDERSON ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL 32344			5.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMOTT, HERBERT			6.2 NAME			
STREET ADDRESS	RT. 1, BOX 197-A			6.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL			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:

*David S. Lewis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99  
 Date

050 497-6254  
 Daytime Phone #

CR2E037 (11/98)