2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790738

1. Entity 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	3. Mailing Address Suite, Apt. #, etc. City & State				
Suite, Apt. #, etc.					
City & State					
Zip Country	Zip	Country			

FILED May 22, 2002 8:00 am Secretary of State 05-22-2002 90074 042 ****70.00



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2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.	te Ant # etc		 	DO NOT WRITE IN 1	THIS SDAGE	
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City & State Ci		City & State	City & State		4. FEI Number 59	-1010268	, 	pplied For
Zip Country		Zip	Zip Cou			<u> </u>	\$9.75 4	ot Applicable
	,			,	5. Certificate of Sta	itus Desired 🕒	Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Addr		ered Agent	
				^{Name} St	ephen Monro	e		
FULFORD, ERNEST				Street Address (P.O. Box Number is Not Acceptable)				
105 W ANDERSON ST				61	O Halleluja	h Lane		
MONTICEL	LLO FL 32344							
				City			FL Zip Coo	
The above	named entity sybmits this statement for	r the ourness of changing its	rogistara		nticello		323	14
ine above	e named entity soonits this statement to	the purpose of changing its	registere	a office of reg	istered agent, or both, in t	ne state of Florida.		
SIGNATURE	Stypher ///on	12						
	Signature, ped or printed name of registered agent a	and title if applicable. (NOT	E: Registered	l Agent signature rec	quired when reinstating)	D	PATE	
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		9. Election Car	mpaion Fi	nancina	\$5.00 May Be	Make C	heck Payable	to
	FILE NOW: FEE IS \$61.25	Trust Fund (~ —	Added to Fees		tment of State	
•						Dopai		•
0.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTORS IN	10
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IAME	LEWIS, DOROTHY P.		NAME	S	tephen Monr	oe		
TREET ADDRESS	RT. 1 BOX 233		STREE		10 Hall ∉ luj			
ITY-ST-ZIP	MONTICELLO FL		CITY-		onticello.			
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IAME	MONROE, DANNY III							
TREET ADDRESS			NAME	`				
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	RT 3 BOX 51 MONTICELLO FL		NAME STREE	: `			Change	
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indicated on an sepont or supplies less report is true and a courage and that my signature shall have the same legal effect as it 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;

856-997-547