

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790739 (7)

1. Corporation Name

POLK COUNTY FARM BUREAU, LAA

Principal Place of Business

**1715 HIWAY 17 SO
BARTOW FL 33830-6634**

Mailing Address

**1715 HIWAY 17 SO
BARTOW FL 33830-6634**



3. Date Incorporated or Qualified
10/20/1955

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAHNA, EMIL III
122 E. TILLMAN AVE.
LAKE WALES FL 33859**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUNT, ELLIS JR.
STREET ADDRESS P. O. BOX 631
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

TITLE VD
NAME MACHATA, MIKE
STREET ADDRESS P. O. BOX 209
CITY-ST-ZIP LAKE WALES FL

☒ DELETE

TITLE SD
NAME SHERWOOD, JOY
STREET ADDRESS 1444 FAIRHAVEN DR.
CITY-ST-ZIP LAKELAND FL

☒ DELETE

TITLE TD
NAME TAYLOR, MIKE
STREET ADDRESS P. O. BOX 247
CITY-ST-ZIP AUBURNDALE FL

☒ DELETE

TITLE D
NAME HAHNA, EMIL III
STREET ADDRESS 122 E. TILLMAN AVE.
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

TITLE D
NAME DICKINSON, ANNE
STREET ADDRESS P O BOX 458 N/A
CITY-ST-ZIP FROSTPROOF FL 33843

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE V/D
22 NAME JOHN DAVID ALEXANDER
23 STREET ADDRESS P.O. BOX 245 N/A
24 CITY-ST-ZIP FROSTPROOF, FL 33843

☐ Change ☒ Addition

31 TITLE S/D
32 NAME FRED HENDERSON
33 STREET ADDRESS 225 S. LAKE STARR BLVD.
34 CITY-ST-ZIP LAKE WALES, FL 33853

☐ Change ☒ Addition

41 TITLE T/D
42 NAME BILL ROE
43 STREET ADDRESS P.O. BOX 900 N/A
44 CITY-ST-ZIP WINTER HAVEN, FL 33882

☐ Change ☒ Addition

51 TITLE
52 NAME JAHNA, EMIL III
53 STREET ADDRESS
54 CITY-ST-ZIP

☒ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Fred S. Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

Date

941-676-4309

Daytime Phone #

CR2E037 (12/95)