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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790749** (6)

1. Corporation Name

ORANGE COUNTY FARM BUREAU LAA

Principal Place of Business

Mailing Address

**4241 N. JOHN YOUNG PKY
SUITE 1500
ORLANDO FL 32804
US**

**P.O. BOX 585694
ORLANDO FL 32858-5694
US**

3. Date Incorporated or Qualified
02/21/1956

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-0714004

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUTLER, SCOTTIE
5700 S.W. 34TH STREET
GAINESVILLE FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **ROBERSON, ROBBIE**
STREET ADDRESS **BOX 549**
CITY-ST-ZIP **PLYMOUTH FL**

1.1 TITLE **President** ☐ Change ☐ Addition
1.2 NAME **William B. Burch**
1.3 STREET ADDRESS **905 W. Story Rd.**
1.4 CITY-ST-ZIP **Winter Garden, Fl. 34787**

TITLE **VD** ☒ DELETE
NAME **BURCH, WILLIAM B**
STREET ADDRESS **905 W. STORY RD.**
CITY-ST-ZIP **WINTER GARDEN FL**

2.1 TITLE **Vice-President** ☐ Change ☐ Addition
2.2 NAME **Paul Linder**
2.3 STREET ADDRESS **255 S. Orange Avenue**
2.4 CITY-ST-ZIP **Orlando, Fl. 32801**

TITLE **TD** ☒ DELETE
NAME **GELTZ, THEODORE JR**
STREET ADDRESS **17283 DAVENPORT RD.**
CITY-ST-ZIP **WINTER GARDEN FL**

3.1 TITLE **Secretary-Treasurer** ☐ Change ☐ Addition
3.2 NAME **Mark Byrd**
3.3 STREET ADDRESS **8234 Stone Road**
3.4 CITY-ST-ZIP **Apopka, Fl. 32703**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **D--Bobby Beagles** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **21302 Ft. Christmas Rd.**
4.4 CITY-ST-ZIP **Christmas, Fl. 32709**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D--Fred Dietrich, III** ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **10 Seminole Trail**
5.4 CITY-ST-ZIP **Orlando, Fl. 32825**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D---Ted Geltz, Jr.** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **17283 Davenport Rd.**
6.4 CITY-ST-ZIP **Winter Garden, Fl. 34787**

14. I do 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:  **Mark Byrd** Secretary-Treasurer 1/8/97 (407) 293-2456

CR2E037 (9/96)