

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90034 009 \*\*\*\*61.25

DOCUMENT # 790749

1. Corporation Name

ORANGE COUNTY FARM BUREAU LAA

Principal Place of Business

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

Mailing Address

P.O. BOX 585694  
ORLANDO FL 32858  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/21/1956

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 P. ☒ DELETE

NAME BURCH, WILLIAM B.  
STREET ADDRESS 905 W. STORY RD.  
CITY-ST-ZIP WINTER GARDEN FL

TITLE VP ☐ DELETE

NAME LINDER, PAUL  
STREET ADDRESS 255 S. ORANGE AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE SP ☐ DELETE

NAME BYRD, MARK  
STREET ADDRESS 8334 STONE ROAD  
CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE

NAME BEAGLES, BOBBY  
STREET ADDRESS 21302 FT. CHRISTMAS RD.  
CITY-ST-ZIP CHRISTMAS FL

TITLE D ☐ DELETE

NAME DIETRICH, FRED III  
STREET ADDRESS 10 SEMINOLE TRAIL  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME GELTZ, TED JR.  
STREET ADDRESS 17283 DAVENPORT RD.  
CITY-ST-ZIP WINTER GARDEN FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Paul Linder  
1.3 STREET ADDRESS 255 S. Orange Ave.  
1.4 CITY-ST-ZIP Orlando, FL. 32801

2.1 TITLE Vice-President ☒ Change ☐ Addition

2.2 NAME Mark Byrd  
2.3 STREET ADDRESS 8234 Stone Rd.  
2.4 CITY-ST-ZIP Apopka, FL. 32703

3.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition

3.2 NAME Richard Risser  
3.3 STREET ADDRESS 217 McCormick Rd.  
3.4 CITY-ST-ZIP Apopka, FL. 32703

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-99 407.293-2456

CR2E037 (11/98)