

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 790759 (5)**

1. Corporation Name

**SUWANNEE COUNTY FARM BUREAU LAA**

Principal Place of Business

**407 DOWLING AVENUE  
LIVE OAK FL 32060**

Mailing Address

**407 DOWLING AVENUE  
LIVE OAK FL 32060**



3. Date Incorporated or Qualified  
**06/12/1967**

3a. Date of Last Report  
**01/23/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**POUCHER, GEORGE E.  
407 SOUTH DOWLING AVE  
LIVE OAK FL 32060**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>POUCHER, GEORGE</b>	
STREET ADDRESS	<b>RT 2 BOX 180/NA</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DASHER, RANDALL</b>	
STREET ADDRESS	<b>RT. 1, BOX 236/NA</b>	
CITY-ST-ZIP	<b>MCALPIN FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYNES, LIBBY</b>	
STREET ADDRESS	<b>PO BOX 1/NA</b>	
CITY-ST-ZIP	<b>OBRIEN FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HINGSON, JT J</b>	
STREET ADDRESS	<b>RR 7 BOX 4584/NA</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLEVINS, EDESL</b>	
STREET ADDRESS	<b>RT. 6, BOX 13/NA</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAPPS, PC III</b>	
STREET ADDRESS	<b>PO BOX 35/NA</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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:

*G.E. Poucher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**G.E. Poucher**

**2-20-96**

**904 362-1274**

Date

Daytime Phone #

CR2E037 (12/95)

D  
KENNETH DASHER  
RT 3 BOX 320/NA  
LIVE OAK, FLORIDA

D  
KIAH EUBANKS  
P O BOX 11/NA  
LIVE OAK, FLORIDA

D  
BRUCE GOFF  
P O BOX 2021/NA  
BOYS RANCH, FLORIDA

D  
CAROL HENDERSON  
RT 8 BOX 153/NA  
LIVE OAK, FLORIDA

D  
ED HENDERSON  
RT 7 BOX 63-1/NA  
LIVE OAK, FLORIDA

D  
WILLIAM B LANDEN  
RT 3 BOX 267/NA  
LIVE OAK, FLORIDA

D  
SIDNEY LORD  
RR 4 BOX 469/NA  
LIVE OAK, FLORIDA

D  
ANDY SNIDER  
RT 2 BOX 3942/NA  
O'BRIEN, FLORIDA

D  
TIMOTHY A STEICHEN  
P O BOX 8076 31ST ROAD/NA  
WELLBORN, FLORIDA