

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 # 790765 (2)

1. Corporation Name

NASSAU COUNTY FARM BUREAU LAA

Principal Place of Business

PO DRAWER B  
511 N. KINGS ROAD  
CALLAHAN FL 32011

Mailing Address

PO DRAWER B  
511 N. KINGS ROAD  
CALLAHAN FL 32011



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

04/18/1995

4. FEI Number

59-6177730

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

MARTHA LYNN  
RT 2 BOX 70  
CALLAHAN, FL  
CALLAHAN FL 32011

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  
NAME LYNN, MARTHA  
STREET ADDRESS RT 2 BOX 70  
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

TITLE VP  
NAME MIZELL, CLYDE  
STREET ADDRESS SR 121/P O BOX 181  
CITY-ST-ZIP CALLAHAN FL

☒ DELETE

TITLE S  
NAME QUARRIER, GIL  
STREET ADDRESS RT 3 BOX 829  
CITY-ST-ZIP HILLIARD FL

☐ DELETE

TITLE T  
NAME CUNNINGHAM, JAMES SR  
STREET ADDRESS RT 2 BOX 425  
CITY-ST-ZIP HILLIARD FL

☐ DELETE

TITLE D  
NAME QUARRIER, GIL  
STREET ADDRESS RT 4 BOX 1068  
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

TITLE D  
NAME STOKES, HAROLD  
STREET ADDRESS RT 1 BOX 686  
CITY-ST-ZIP BRYCEVILLE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP ☒ Change ☐ Addition

TERRELL, JAMES

RT 2 BOX 530

CALLAHAN, FL 32011

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

320-96

(904) 879-3498

Date

Daytime Phone #

CR2E037 (12/95)