

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790770

(2)

1. Corporation Name

DUVAL COUNTY FARM BUREAU LAA

Principal Place of Business

Mailing Address

5542 DUNN AVENUE
JACKSONVILLE FL 322185542 DUNN AVENUE
JACKSONVILLE FL 32218-43323. Date Incorporated or Qualified
09/27/19573a. Date of Last Report
01/29/1996

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

FORSHEE, JOE, JR.
11864 DUVAL RD
JACKSONVILLE FL 32218

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	P	<input type="checkbox"/> DELETE
NAME	FORSHEE, JOE JR.	
STREET ADDRESS	11863 DUVAL ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LOOP, DAVID	
STREET ADDRESS	5542 DUNN AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GORE, JOHN	
STREET ADDRESS	5542 DUNN AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MOORE, CURTIS E.	
STREET ADDRESS	5542 DUNN AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GEIGER, ELWOOD	
STREET ADDRESS	5542 DUNN AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CLARK, LOUIS V.	
STREET ADDRESS	5542 DUNN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. Robert BOWIE, JR.
2.3 STREET ADDRESS	6620 BOWIE RD.
2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32219
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0005633

CR2E037 (9/96)

1/7/97 904-768-4836