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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790786 (8)

1. Corporation Name

OKEECHOBEE COUNTY FARM BUREAU LAA

Principal Place of Business

401 N.W. 4TH ST.
OKEECHOBEE FL 34972-2550
US

Mailing Address

401 N.W. 4TH ST.
OKEECHOBEE FL 34972-2550
US3. Date Incorporated or Qualified
07/31/19583a. Date of Last Report
02/02/19964. FEI Number
59-1102390Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASS, J. MARC
17165 HWY. 98 NORTH
OKEECHOBEE FL 34972

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 VD ☒ DELETE
NAME JONES, DONALD
STREET ADDRESS 7740 SW 13TH STREET
CITY-ST-ZIP OKEECHOBEE FLTITLE SD ☐ DELETE
NAME WISE, FREIDA
STREET ADDRESS 1590 SW 28TH ST
CITY-ST-ZIP OKEECHOBEE FL 34974TITLE D ☐ DELETE
NAME ROGERS, STEVE
STREET ADDRESS 6314 NW 30TH ST
CITY-ST-ZIP OKEECHOBEE FLTITLE PD ☐ DELETE
NAME BASS, MARC J.
STREET ADDRESS 17165 HWY. 98 NORTH
CITY-ST-ZIP OKEECHOBEE FLTITLE TD ☒ DELETE
NAME CONELY, TOM III
STREET ADDRESS 207 NW 2ND ST.
CITY-ST-ZIP OKEECHOBEE FL 34972TITLE D ☐ DELETE
NAME BASS, J.C.
STREET ADDRESS 16205 HWY 98 NORTH
CITY-ST-ZIP OKEECHOBEE FL 34972

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME DOUGLAS BURNHAM
1.3 STREET ADDRESS 2411 NE 54th Trail
1.4 CITY-ST-ZIP Okeechobee, FL 349722.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE TD ☒ Change ☐ Addition
5.2 NAME VALERIE LEWIS
5.3 STREET ADDRESS 10310 NE 120th Street
5.4 CITY-ST-ZIP Okeechobee, FL 34972-74546.1 TITLE ☐ Change ☐ 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:

D. Marc Bass 1-28-97 (941) 763-3101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071338

CR2E037 (9/96)