


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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
US**



3. Date Incorporated or Qualified

07/31/1958

4. FEI Number

59-1102390

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **BURNHAM, DOUGLAS**
STREET ADDRESS **2411 NE 54TH TRAIL**
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE **SD** ☒ DELETE
NAME **WISE, FREIDA**
STREET ADDRESS **1590 SW 28TH ST**
CITY - ST - ZIP **OKEECHOBEE FL 34974**

TITLE **D** ☐ DELETE
NAME **ROGERS, STEVE**
STREET ADDRESS **6314 NW 30TH ST**
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE **PD** ☐ DELETE
NAME **BASS, MARC J.**
STREET ADDRESS **17165 HWY. 98 NORTH**
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE **TD** ☐ DELETE
NAME **LEWIS, VALERIE**
STREET ADDRESS **10310 NE 120TH STREET**
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE **D** ☐ DELETE
NAME **BASS, J.C.**
STREET ADDRESS **16205 HWY 98 NORTH**
CITY - ST - ZIP **OKEECHOBEE FL 34972**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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

S/D ☒ Change ☐ Addition
PAM BUTLER
213 NE Silver Creek Rd
Lorida, FL 33857

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.

SIGNATURE:

J. Marc Bass **NATIVE REQUIRED**

President J Marc Bass 1-08-98 (941)763-3101

CR2E037 (10/97)