


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90092 024 ****61.25

007472

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 790786

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/31/1958	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-1102390	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name	DONALD R JONES	
82	Street Address (P.O. Box Number is Not Acceptable)		
83	City	7740 SW 13th Street	
84	City	OKEECHOBEE	FL 34974

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

Donald R Jones, President

2/26/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, DOUGLAS	1.2 NAME	
STREET ADDRESS	2411 NE 54TH TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, PAM	2.2 NAME	
STREET ADDRESS	213 N.E. SILVER CREEK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LORIDA FL 33857	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, STEVE	3.2 NAME	P/D
STREET ADDRESS	6314 NW 30TH ST	3.3 STREET ADDRESS	Donald R Jones
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	7740 SW 13th St.
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, MARC J.	4.2 NAME	D
STREET ADDRESS	17165 HWY. 98 NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, VALERIE	5.2 NAME	
STREET ADDRESS	10310 NE 120TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, J.C.	6.2 NAME	
STREET ADDRESS	16205 HWY 98 NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Signature Required **Donald R Jones** *2/26/99* **(941) 763-3101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)