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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790808** (0)
1. Corporation Name
SANTA ROSA COUNTY FARM BUREAU, LA

Principal Place of Business 4035 HWY 4 P.O. BOX 490 JAY FL 32565 US	Mailing Address 4035 HWY 4 PO BOX 490 JAX FL 32565-0490 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date incorporated or Qualified 06/12/1967	3a. Date of Last Report 04/05/1996
4. FEI Number 59-0765943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DIAMOND, J. M
2517 CAAMORS RD.
JAY FL 32565**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 617.0502, Florida Statutes.

SIGNATURE

Signed

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT	<input type="checkbox"/> DELETE
NAME LANEY, VICKI	
STREET ADDRESS P O BOX 155 HWY 197	
CITY-ST-ZIP JAY FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME LANEY, TIM	
STREET ADDRESS P O BOX 155 HWY 197	
CITY-ST-ZIP JAY FL	
TITLE D	<input type="checkbox"/> DELETE
NAME DAVIS, JERRY	
STREET ADDRESS RT 3 BOX 97 HWY 89	
CITY-ST-ZIP MILTOB FL	
TITLE D	<input type="checkbox"/> DELETE
NAME TIDWELL, MARION	
STREET ADDRESS 8093 CHOMOCCA HWY	
CITY-ST-ZIP MILTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME LOWRY, H H III	
STREET ADDRESS 3701 HAZEL GODWIN RD	
CITY-ST-ZIP JAY FL	
TITLE DP	<input type="checkbox"/> DELETE
NAME MICKEY, DIAMOND	
STREET ADDRESS 2517 CAMORS RD.	
CITY-ST-ZIP JAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 registered agent authorized 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 M Diamond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-Pres

Date

Daytime Phone # **0074282**

904-675 6630

CR2E037 (9/96)