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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790808** (0)

1. Corporation Name

SANTA ROSA COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

**4035 HWY 4
P.O. BOX 490
JAY FL 32565
US**

**4035 HWY 4
PO BOX 490
JAX FL 32565
US**

3. Date Incorporated or Qualified

06/12/1967

4. FEI Number

59-0785943

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4035 Hwy 4

26 PO Box 490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Jay FL

27 Jay FL

City & State

City & State

23

28

Zip

Zip

24 32565

30 32565

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANEY, VICKI	1.2 NAME	
STREET ADDRESS	P.O. BOX 155 HWY 197 13195 Hwy 197	1.3 STREET ADDRESS	
CITY - ST - ZIP	JAY FL	1.4 CITY - ST - ZIP	
TITLE	See	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANEY, TIM	2.2 NAME	
STREET ADDRESS	P.O. BOX 155 HWY 197 13195 Hwy 197	2.3 STREET ADDRESS	
CITY - ST - ZIP	JAY FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JERRY	3.2 NAME	
STREET ADDRESS	RT 3 BOX 97 HWY 89 n/a	3.3 STREET ADDRESS	
CITY - ST - ZIP	MLTOB FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, MARION	4.2 NAME	
STREET ADDRESS	8093 CHOMOCCA HWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	MILTON FL	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRY, H H III	5.2 NAME	
STREET ADDRESS	3701 HAZEL GODWIN RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	JAY FL	5.4 CITY - ST - ZIP	
TITLE	DP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKEY, DIAMOND	6.2 NAME	
STREET ADDRESS	2517 CAMORS RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	JAY FL	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.

SIGNATURE:

J. M. Diamond, Pres

3/4/98 8806286630

CR2E037 (10/97)