

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90023 035 \*\*\*\*61.25

0079598

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 790808**

1. Corporation Name

**SANTA ROSA COUNTY FARM BUREAU, LAA**

Principal Place of Business

Mailing Address

4035 HWY 4  
JAY FL 32565  
US

PO BOX490  
JAX FL 32565  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

06/12/1967

4. FEI Number

59-0785943

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

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          | DT                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | LANEY, VICKI           |  |
| STREET ADDRESS | 13195 HWY 197          |  |
| CITY-ST-ZIP    | JAY FL                 |  |
| TITLE          | S                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | LANEY, TIM             |  |
| STREET ADDRESS | 13195 HWY 197          |  |
| CITY-ST-ZIP    | JAY FL                 |  |
| TITLE          | D                      | <input type="checkbox"/> DELETE            |
| NAME           | DAVIS, JERRY           |  |
| STREET ADDRESS | RT 3 BOX 97 HWY 89 N/A |  |
| 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          | VP                     | <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          | D SFT                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Teresa Hendricks         |  |
| 1.3 STREET ADDRESS | 4892 James Hendricks Rd  |  |
| 1.4 CITY-ST-ZIP    | Jay, FL 32565            |  |
| 2.1 TITLE          | D                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           | Mark Hendricks           |  |
| 2.3 STREET ADDRESS | 4892 James Hendricks Rd  |  |
| 2.4 CITY-ST-ZIP    | Jay FL 32565             |  |
| 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          | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | Same - no longer officer |  |
| 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 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 880 6256630  
Date Daytime Phone #

CR2E037 (11/98)