

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790810 (6)

1. Corporation Name

GILCHRIST COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

S.W.2ND STREET
P. O. BOX 426
TRENTON FL 32693S.W.2ND STREET
P. O. BOX 426
TRENTON FL 32693-04263. Date Incorporated or Qualified
06/12/19673a. Date of Last Report
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-0841862Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, ROY M.
RT. 3, BOX 1-J
TRENTON FL 32693

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 ☐ DELETE13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ AdditionTITLE P
NAME WILSON, ROY M.
STREET ADDRESS RT. 3, BOX 1-J N/A
CITY-ST-ZIP TRENTON FL1.1 TITLE P
1.2 NAME Wilson, Roy M.
1.3 STREET ADDRESS 9539 SECR 319
1.4 CITY-ST-ZIP Trenton, FLTITLE ST
NAME ROBERTS, WILLIAM
STREET ADDRESS RT. 1, BOX 1493 N/A
CITY-ST-ZIP TRENTON FL2.1 TITLE ST
2.2 NAME Roberts, William
2.3 STREET ADDRESS 7340 SW Cr 232
2.4 CITY-ST-ZIP Trenton, FLTITLE VT
NAME COLSON, FRANK
STREET ADDRESS HWY 26, P.O. BOX 2528 N/A
CITY-ST-ZIP TRENTON FL3.1 TITLE VT
3.2 NAME Colson, Frank
3.3 STREET ADDRESS Hwy 26, P.O. Box 435
3.4 CITY-ST-ZIP Trenton, FLTITLE DT
NAME TOWNSEND, CLYDE
STREET ADDRESS RT. 2, BOX 2528 N/A
CITY-ST-ZIP BELL FL4.1 TITLE DT
4.2 NAME Townsend, Clyde
4.3 STREET ADDRESS 6840 NW US Hwy 129
4.4 CITY-ST-ZIP Bell, FLTITLE DT
NAME READ, ELI
STREET ADDRESS HWY 26, P.O. BOX 896 N/A
CITY-ST-ZIP TRENTON FL5.1 TITLE DT
5.2 NAME R
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE DT
NAME JONES, JAMES, M.
STREET ADDRESS RT 1, BOX 214P N/A
CITY-ST-ZIP BELL FL6.1 TITLE DT
6.2 NAME Jones, James M.
6.3 STREET ADDRESS 4119 SW Cr 311
6.4 CITY-ST-ZIP Bell, FL

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

Date

(352)463-2298

Daytime Phone #0011878

CR2E037 (9/96)