NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 790810

1. Corporation Name

GILCHRIST COUNTY FARM BUREAU, LAA

| Principal Place of Business |
|-----------------------------|
| S.W.2ND STREET |
| P. O. BOX 426 |
| TRENTON EL 32693 |

Mailing Address S.W.2ND STREET P O BOX 426

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90129 032 ****61.25



| TRENTON FL. 32693 | | TRENTON FL 32693 | | | i 1864) (Bail, kaili aalat 1818) (sati aalit alat alat alat alat alat alat | | | | |
|---------------------------|---|------------------------------------|----------------|--------------------------------|--|--|------------|---------------|-------------|
| | Place of Business | 2a. Mailing Address | | | 3. | Date Incorporated or Qualifed 06/12/1967 | | | |
| 21 | | 26 | | | 1 | FEI Number | | | olied For |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | | 4. | 59-0841862 | | 1 | Applicable |
| 22 | | 27 | | | | 33 004 1002 | | \$8.75 A | |
| City & Stat | te | City & State | | | 5. | Certificate of Status Desired | | Fee Re | |
| Zip | Country | Zrp | Country | , | 6. | Election Campaign Financing | | \$5.00 | May Be |
| | 25 | — · | 30 | | | Trust Fund Contribution | | Added to | |
| 24 | 9. Name and Address of Curr | | <u> </u> | | 10. | Name and Address of New R | egistered | Agent | |
| **** | V. Name and Address of Con- | em registered Agent | 81 | Name | | | | | |
| | | | | . <u>.</u> | | | | | |
| WILSON, | 82 | Street Add | lress (F | P.O. Box Number is Not Accepta | .ble) | | | | |
| RT. 3, BO | X 1-J | | 83 | | | | | | |
| TRENTON | I FL 32693 | | 83 | | | | | | |
| | | | 84 | City | | | | 85 Zip C | Code |
| | | | | · | | | <u>FL</u> | <u> </u> | |
| office or i agent. (a | to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obli | le of Florida. Such change was au | itnorizea by | the corporati | ion's bo | oard of directors. I hereby accep | л те аррог | ntment as reg | gistered |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if applicable (NOTE | Registered Age | nt signature require | ed when | reinstating) | DATE | | |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| TITLE | Р | ☐ DELETE | 11 TITLE | | | | | Change | Addition |
| NAME | WILSON, ROY M. | | 12 NAME | | | | | | |
| STREET ADDRESS | 9539 SE CR 319 | | 13 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | TRENTON FL | | 1.4 CITY-5 | T-ZIP | | | | | |
| TITLE | ST | ☐ DELETE | 2 1 TITLE | | | | | Change | Addition |
| NAME | ROBERTS, WILLIAM | | 22 NAME | | | | | | |
| | | | | T ADDRESS | | | | | |
| STREET ADDRESS | TRENTON FL | | 2 4 CITY- | | | | | | |
| CITY-ST-ZIP | | [] DELETÉ | 3 1 TITLE | 31-21- | | | | Change | Addition |
| TITLE | VT COLOGN FRANK | _ 522272 | 32 NAME | | | | | | _ |
| NAME | COLSON,FRANK | | | | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | | |
| CITY-ST-ZIP | TRENTON FL | (7) per e3e | 34 CITY- | ST-ZIP | | | | ☐ Change | ☐ Addition |
| TITLE | DT | ☐ DELETE | 4 1 TITLE | | | | | Onlinge | L] / Worker |
| NAME | TOWNSEND, CLYDE | | 4 2 NAME | | | | | | |
| STREET ADDRESS | | | - F | TADDRESS | | | | | |
| CITY-\$T-ZIP | BELL FL | | 4.4 CITY-5 | ST-ZIP | | | | Change | Addition |
| TITLE | DT | ☐ DELETE | 5 1 TITLE | | | | | Change | |
| NAME | WILSON, RUBY L | | 5 2 NAME | | | | | | |
| STREET ADDRESS | 9539 SE CR 319 | | 5 3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | TRENTON FL 32693 | | 5 4 CITY-S | ST-ZIP | | | | | |
| TITLE | DT | ☐ DELETE | 6 1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | JONES, JAMES, M. | | 6 2 NAME | } | | | | | |
| OTDEET ADDRESS | | | 63 STREE | T ADDRESS | | | | | |

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.

6 4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BELL FL

ROYM WISON, SK 3/2/99