

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:27

DOCUMENT # 790819 (7)

1. Corporation Name

OSCEOLA COUNTY FARM BUREAU LAA

Principal Place of Business

Mailing Address

1680 EAST IRLO BRONSON MCM. HIGHWAY
KISSIMMEE FL 34744

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KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

03/25/1994

4. FEI Number

59-1140157

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

9. Name and Address of Current Registered Agent

JUSTESEN, JARED
5475 BOUTIN LN.
ST. CLOUD FL 34772

10. Name and Address of New Registered Agent

81 Name

Erik Jacobsen

82 Street Address (P.O. Box Number is Not Acceptable)

13754 Deseret Ln

83

84 City

St Cloud

FL

85

Zip Code
34773

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Erik Jacobsen, President

2-1-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
T	PARTIN, JANET	1510 HENRY PARTIN ROAD	KISSIMMEE FL
P	JUSTESEN, JARED	5475 BOUTIN LN.	ST. CLOUD FL
S	BABB, RAYMOND	2410 BABB ROAD	ST CLOUD, FL 00000
D	PARTIN, CHARLES	2967 PARTIN SETTLEMENT	KISSIMMEE FL
D	BRONSON, IRLO JR	1620 LYNDELL DR	KISSIMMEE, FL 00000
D	LACKEY, DANNY	1415 W VINE ST.	KISSIMMEE FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 of this report. If changed, or on an attachment with an address.

SIGNATURE:

Raymond Babb

Raymond Babb, Secretary 2-1-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed