

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

1680 EAST IRLO BRONSON MCM. HIGHWAY
KISSIMMEE FL 34744

3. Date Incorporated or Qualified
06/12/1967

3a. Date of Last Report
02/09/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBSEN, ERIK
13754 DESERET LANE
ST. CLOUD FL 34773

81 Name Jared Justesen

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

5475 Boutin Ln.

83

84 City St. Cloud

FL

85 Zip Code 34772

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

Jared Justesen, President

25 JAN 96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

NAME PARTIN, JANET
STREET ADDRESS 1510 HENRY PARTIN ROAD
CITY-STATE-ZIP KISSIMMEE FL

D ☒ DELETE

NAME JUSTESEN, JARED
STREET ADDRESS 5475 BOUTIN LN.
CITY-STATE-ZIP ST. CLOUD FL

S ☐ DELETE

NAME BABB, RAYMOND
STREET ADDRESS 2410 BABB ROAD
CITY-STATE-ZIP ST CLOUD, FL 00000

D ☐ DELETE

NAME PARTIN, CHARLES
STREET ADDRESS 2967 PARTIN SETTLEMENT
CITY-STATE-ZIP KISSIMMEE FL

D ☐ DELETE

NAME BRONSON, IRLO JR
STREET ADDRESS 1620 LYNDELL DR
CITY-STATE-ZIP KISSIMMEE, FL 00000

D ☐ DELETE

NAME LACKEY, DANNY
STREET ADDRESS 1415 W VINE ST.
CITY-STATE-ZIP KISSIMMEE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

NAME Laverne McDanel

3050 Hickory Tree Rd. St. Cloud 34772

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janet Partin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 407-847-5189

Date

Daytime Phone #

CR2E037 (12/95)