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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

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KISSIMMEE FL 34744



3. Date Incorporated or Qualified  
06/12/1967

3a. Date of Last Report  
02/08/1996

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

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

8. 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

JUSTESEN, JARED  
5475 BOUTIN LANE  
ST. CLOUD FL 34772

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE  
NAME PARTIN, JANET  
STREET ADDRESS 1510 HENRY PARTIN ROAD  
CITY-ST-ZIP KISSIMMEE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

V ☐ DELETE  
NAME MCDANEL, LAVERNE  
STREET ADDRESS 3050 HICKORY TREE ROAD  
CITY-ST-ZIP ST. CLOUD FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

S ☐ DELETE  
NAME BABB, RAYMOND  
STREET ADDRESS 2410 BABB ROAD  
CITY-ST-ZIP ST CLOUD, FL 00000

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D ☐ DELETE  
NAME PARTIN, CHARLES  
STREET ADDRESS 2967 PARTIN SETTLEMENT  
CITY-ST-ZIP KISSIMMEE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D ☐ DELETE  
NAME BRONSON, IRLO JR  
STREET ADDRESS 1620 LYNDALL DR  
CITY-ST-ZIP KISSIMMEE, FL 00000

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Raymond Babb* *Raymond Babb Secretary* 1/29/97 407-847-5189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078890

CR2E037 (9/96)