

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 790836 (1)**

1. Corporation Name

**HENDRY-GLADES COUNTY FARM BUREAU, LAA**



Principal Place of Business

**190 N. BRIDGE ST.  
LABELLE FL 33935**

Mailing Address

**190 N. BRIDGE ST.  
LABELLE FL 33935**

3. Date Incorporated or Qualified  
**03/20/1961**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**29** Zip

**30** Country

4. FEI Number  
**59-6177727**

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

**FINKS, GLEN  
54 LIVE OAK LANE  
LABELLE FL 33935**

**81** Name

**DAVID L BEARDSLEY**

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

**106 Ridgewood Ave.**

**83**

**84** City

**Clewiston**

**FL**

**85** Zip Code  
**33440**

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

**1/18/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **REYNOLDS, DANNY A**  
STREET ADDRESS **NORTH RIVERSIDE DR**  
CITY - ST - ZIP **MOORE HAVEN FL**

1.1 TITLE **Director** ☒ Change ☐ Addition  
1.2 NAME **GLENN FINKS**  
1.3 STREET ADDRESS **54 Live Oak Lane**  
1.4 CITY - ST - ZIP **LaBelle, FL 33935**

TITLE **P** ☒ DELETE  
NAME **FINKS, GLEN**  
STREET ADDRESS **54 LIVE OAK LANE**  
CITY - ST - ZIP **LABELLE FL**

2.1 TITLE **Director** ☐ Change ☐ Addition  
2.2 NAME **Bob Muir**  
2.3 STREET ADDRESS **131 N Riverview St**  
2.4 CITY - ST - ZIP **LaBelle FL 33935**

TITLE **D** ☐ DELETE  
NAME **COKER, ROBERT**  
STREET ADDRESS **705 E. AVENIDO DEL RIO**  
CITY - ST - ZIP **CLEWISTON FL**

3.1 TITLE **Joe Hillard, Director** ☒ Change ☐ Addition  
3.2 NAME **Rt. 2 Box 175 Flag hole Rd**  
3.3 STREET ADDRESS **Clewiston, FL 33440**  
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **HOLLAND, E. G.**  
STREET ADDRESS **CAMPBELL ST.**  
CITY - ST - ZIP **LABELLE FL**

4.1 TITLE **Secretary** ☒ Change ☐ Addition  
4.2 NAME **E. G. Holland**  
4.3 STREET ADDRESS **171 Campbell St**  
4.4 CITY - ST - ZIP **LaBelle FL 33935**

TITLE **VP** ☐ DELETE  
NAME **MUIR, BOB**  
STREET ADDRESS **131 N. RIVERVIEW ST.**  
CITY - ST - ZIP **LABELLE FL**

5.1 TITLE **Alan Hammock Vice President** ☐ Change ☒ Addition  
5.2 NAME **109 Flag Hole Rd**  
5.3 STREET ADDRESS **Clewiston, FL 33440**  
5.4 CITY - ST - ZIP

TITLE **S** ☐ DELETE  
NAME **HILLIARD, JOE I**  
STREET ADDRESS **175 FLAGHOLE RD.**  
CITY - ST - ZIP **CLEWISTON FL**

6.1 TITLE **Donna Muir, Director** ☐ Change ☒ Addition  
6.2 NAME **131 N Riverview St.**  
6.3 STREET ADDRESS **LaBelle FL 33935**  
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 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

**1/18/96** **1-941-983-7273**  
Date Daytime Phone #

CR2E037 (12/95)