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FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 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 33935-50873. Date Incorporated or Qualified  
03/20/19613a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-6177727

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

DAVID L. BEARDSLEY  
106 RIDGWOOD AVE.  
CLEWISTON FL 33440

81 Name

DONNA MUIR

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

P.O. BOX 1723 131 N RIVERVIEW ST  
LABELLE, FL 33935

83 City

LABELLE

FL

85 Zip Code

33935

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

2/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME GLENN FINKS  
STREET ADDRESS 54 LIVE OAK LANE  
CITY-ST-ZIP LABELLE FL1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME ALAN HAMMOCK  
1.3 STREET ADDRESS 109 FLAGHOLE RD  
1.4 CITY-ST-ZIP CLEWISTON, FL 33440TITLE D ☒ DELETE  
NAME BOB MUIR  
STREET ADDRESS 131 N. RIVERVIEW ST.  
CITY-ST-ZIP LABELLE FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME JOE HILLARD  
STREET ADDRESS RT. 2, BOX 170, 175 FLAG HOLE RD.  
CITY-ST-ZIP CLEWISTON FL3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME DONNA MUIR  
3.3 STREET ADDRESS 131 N RIVERVIEW ST  
3.4 CITY-ST-ZIP LABELLE, FL 33935TITLE ☐ DELETE  
NAME E.G. HOLLAND  
STREET ADDRESS 171 CAMPBELL ST.  
CITY-ST-ZIP LABELLE FL4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VP ☒ DELETE  
NAME ALAN HAMMOCK  
STREET ADDRESS 109 FLAG HOLE RD.  
CITY-ST-ZIP CLEWISTON FL5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME MIKE CROOKS  
5.3 STREET ADDRESS STAR ROUTE Box 79  
5.4 CITY-ST-ZIP Clewiston FL 33440TITLE D ☒ DELETE  
NAME DONNA MUIR  
STREET ADDRESS 131 N. RIVERVIEW ST.  
CITY-ST-ZIP LABELLE FL6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME CARL PERRY  
6.3 STREET ADDRESS Rt.#2 Box 640  
6.4 CITY-ST-ZIP Moore Haven FL 33471

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:

DONNA M. MUIR

2/3/97 941654250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0057265

CR2E037 (9/96)