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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33935-5087
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3. Date Incorporated or Qualified 03/20/1961	3a. Date of Last Report 01/29/1996
4. FEI Number 59-6177727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**DAVID L. BEARDSLEY
108 RIDGWOOD AVE.
CLEWISTON FL 33440**

10. Name and Address of New Registered Agent
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** 84 State **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: *Donna M. Muir* DATE: **2/3/97**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GLENN FINKS
STREET ADDRESS	54 LIVE OAK LANE
CITY-ST-ZIP	LABELLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOB MUIR
STREET ADDRESS	131 N. RIVERVIEW ST.
CITY-ST-ZIP	LABELLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOE HILLARD
STREET ADDRESS	RT. 2, BOX 170, 175 FLAG HOLE RD.
CITY-ST-ZIP	CLEWISTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	E.G. HOLLAND
STREET ADDRESS	171 CAMPBELL ST.
CITY-ST-ZIP	LABELLE FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ALAN HAMMOCK
STREET ADDRESS	109 FLAG HOLE RD.
CITY-ST-ZIP	CLEWISTON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DONNA MUIR
STREET ADDRESS	131 N. RIVERVIEW ST.
CITY-ST-ZIP	LABELLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALAN HAMMOCK
1.3 STREET ADDRESS	109 FLAGHOLE RD
1.4 CITY-ST-ZIP	CLEWISTON, FL 33440
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DONNA MUIR
3.3 STREET ADDRESS	131 N RIVERVIEW ST
3.4 CITY-ST-ZIP	LABELLE, FL 33935
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MIKE CROOKS
5.3 STREET ADDRESS	STAR ROUTE Box 79
5.4 CITY-ST-ZIP	Clewiston FL 33440
6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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* **DONNA M. MUIR** DATE: **2/3/97** 9416754250

CR2E037 (9/96)