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Mar 04 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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

Mailing Address

180 N. BRIDGE ST.  
LABELLE FL 33935

180 N. BRIDGE ST.  
LABELLE FL 33935



3. Date Incorporated or Qualified

03/20/1961

4. FEI Number

59-6177727

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 190N Bridge St

26 PO Box 1365

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Labelle FL

28 Labelle FL

24 Zip 33935

25 Country Hendry

29 Zip 33935

30 Country Hendry

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CROOKS, MIKE  
STREET ADDRESS STAR ROUTE BOX 79  
CITY-ST-ZIP CLEWISTON FL

TITLE ☒ DELETE

NAME BOB MUIR  
STREET ADDRESS 131 N. RIVERVIEW ST.  
CITY-ST-ZIP LABELLE FL

TITLE ☐ DELETE

NAME PERRY, CARL  
STREET ADDRESS RT #2 BOX 640  
CITY-ST-ZIP MOORE HAVEN FL

TITLE ☐ DELETE

NAME E.G. HOLLAND  
STREET ADDRESS 171 CAMPBELL ST.  
CITY-ST-ZIP LABELLE FL

TITLE ☐ DELETE

NAME ALAN HAMMOCK  
STREET ADDRESS 109 FLAG HOLE RD.  
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ 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 ☐ Change ☒ Addition

1.2 NAME STEVE PAIAD  
1.3 STREET ADDRESS ARI BOX 101N  
1.4 CITY-ST-ZIP CLEWISTON, FL 33440

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE PRES ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE T ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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

2/23/98

941-675-4250

CR2E037 (10/97)