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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90050 009 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 790836**

1. Corporation Name

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

Principal Place of Business

190 N BRIDGE ST  
 LABELLE FL 33935  
 US

Mailing Address

P.O. BOX 1365  
 LABELLE FL 33975  
 US



2. Principal Place of Business

21 190 N Bridge St

Suite, Apt. #, etc.

22 LaBelle FL

City & State

23 33935 Hendry

Zip

Country

2a. Mailing Address

26 POBox 1365

Suite, Apt. #, etc.

27 LaBelle FL

City & State

28 33975 Hendry

Zip

Country

3. Date Incorporated or Qualified

03/20/1961

4. FEI Number

59-6177727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

*Carl Perry* CARL PERRY President

1/19/99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME S PAIGE, STEVE  
 STREET ADDRESS RR 1, BOX 101N  
 CITY-ST-ZIP CLOWISTON FL 33440

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME T 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 Richard Bass  
 1.3 STREET ADDRESS PO Box 578  
 1.4 CITY-ST-ZIP FELDA, FL 33930

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME P  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME T  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME D  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME VP  
 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, with all other like empowered.

SIGNATURE:

*Carl Perry* CARL PERRY President

1/19/99

941 946-0286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)