

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 790858 (5)

1. Corporation Name
FLAGLER COUNTY FARM BUREAU LAA



Principal Place of Business P.O. BOX 2026 BUNNELL FL 32110	Mailing Address P.O. BOX 2026 BUNNELL FL 32110
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/12/1967	3a. Date of Last Report 03/02/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6177723	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30

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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DRUMMONDS, JEFFREY B.
 % FLAGLER COUNTY FARM BUREAU
 106 EAST MOODY BLVD
 BUNNELL FL 32110**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	405 N. State St
83	
84 City	Bunnell
85 State	FL
Zip Code	32110

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: *Jeffery B Drummonds* DATE: **6/14/96**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	TILTON, JAY	
STREET ADDRESS	RT. 1, BOX 75	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	MITCHELL, RICKY	
STREET ADDRESS	P.O. BOX 1414 N/A	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	TILTON, JERRY	
STREET ADDRESS	RT. 1, BOX 70	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERTHA, SAM, JR.	
STREET ADDRESS	P.O. BOX 251 N/A	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COWART, CHUCK	
STREET ADDRESS	RT 1 BOX 1961	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Jay Tilton* DATE: **6/14/96**

CR2E037 (3/96)