

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790858

1. Corporation Name

FLAGLER COUNTY FARM BUREAU LAA

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90001 028 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 2026
BUNNELL FL 32110

P.O. BOX 2026
BUNNELL FL 32110

587550 - 90001 - 28



2. Principal Place of Business

2a. Mailing Address

21 1 Enterprise Dr.

26 1 Enterprise Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A-3

27 A-3

City & State

City & State

23 Bunnell, FL

28 Bunnell, FL

Zip

Country

Zip

Country

24 32110

25 USA

29 32110

30 USA

3. Date Incorporated or Qualified

06/12/1967

4. FEI Number

59-6177723

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DRUMMONDS, JEFFREY B.
405 N. STATE ST.
BUNNELL FL 32110

10. Name and Address of New Registered Agent

81 Name Chuck Cowart
82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 1 Box 1961
83
84 City Bunnell FL 85 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Chuck Cowart*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-99

12. OFFICERS AND DIRECTORS

TITLE	BD	<input type="checkbox"/> DELETE
NAME	TILTON, JAY	
STREET ADDRESS	RT. 1, BOX 75	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	BD	<input checked="" type="checkbox"/> DELETE
NAME	WEEKS, DUANE	
STREET ADDRESS	RR1, BOX 146-2	
CITY-ST-ZIP	BUNNELL FL	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	TILTON, JERRY	
STREET ADDRESS	RT. 1, BOX 70	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	VP	<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	Chip Johnson Sec-Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rt. 1, Box 84	
1.3 STREET ADDRESS	Bunnell	
1.4 CITY-ST-ZIP	Bunnell	
2.1 TITLE	Stan Robertson BO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rt. 1 Box 95	
2.3 STREET ADDRESS	Bunnell	
2.4 CITY-ST-ZIP	Bunnell 32110	
3.1 TITLE	Quentin Emery BO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rt. 1 Box 208	
3.3 STREET ADDRESS	Bunnell	
3.4 CITY-ST-ZIP	32110	
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 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:

Chuck Cowart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

Date

Daytime Phone #