

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **790896** (5)

1. Corporation Name

HOLMES COUNTY FARM BUREAU, LAA



Principal Place of Business

Mailing Address

**209 SOUTH DEPOT STREET
BONIFAY FL 32425**

**209 SOUTH DEPOT STREET
BONIFAY FL 32425**

3. Date Incorporated or Qualified

12/10/1964

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, CLYDE M
RT 2 BOX 345
GRACEVILLE FL 32440**

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 *Clyde M. Williams*

2-5-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME **PD
WILLIAMS, CLYDE M**
STREET ADDRESS **RT 2 BOX 345**
CITY-ST-ZIP **GRACEVILLE FL**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☒ DELETE

21 TITLE ☐ Change ☐ Addition

NAME **VD
MEADOWS, TERRY**
STREET ADDRESS **RT. 4 BX 377**
CITY-ST-ZIP **BONIFAY, FL 00000**

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☒ DELETE

31 TITLE ☐ Change ☐ Addition

NAME **STD
ULRICH, JOHN L.**
STREET ADDRESS **RT. 2, BOX 347**
CITY-ST-ZIP **BONIFAY FL**

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 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:

Clyde M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

Date

904.547-4227

Daytime Phone #

CR2E037 (12/95)