

FILE NOW: FILING FEE IS \$61.

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 790897 (3)
1. Corporation Name
LIBERTY COUNTY FARM BUREAU, LAA



Principal Place of Business Mailing Address
% MARY D TANNER RT 1, BOX 104 BRISTOL FL 32321-9511
% MARY D TANNER RT 1, BOX 104 BRISTOL FL 32321-9511

3. Date Incorporated or Qualified 12/10/1964
3a. Date of Last Report 03/13/1995
4. FEI Number 59-6194531
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

LUNSFORD, BETTY J.
POST OFFICE BOX 721
HIGHWAY 12 SOUTH
BRISTOL FL 32321

10. Name and Address of New Registered Agent

81 Name ~~XXXXXXXXXXXXXXXXXXXX~~
82 Street Address (P.O. Box Number is Not Acceptable) ~~XXXXXXXXXXXXXXXXXXXX~~
83 ~~XXXXXXXXXXXXXXXXXXXX~~
84 City ~~XXXXXXXX~~ FL 85 Zip Code ~~32321~~

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EUHANKS, WILHOIT	
STREET ADDRESS	RT 1 BOX 228E	
CITY-ST-ZIP	BRISTOL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRINKLEY, JOE	
STREET ADDRESS	ROUTE 1 BOX 243D	
CITY-ST-ZIP	BRISTOL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMARJE, JEFFERY	
STREET ADDRESS	RT 1 BOX 373	
CITY-ST-ZIP	BRISTOL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOUTAMIRE, TOMMY	
STREET ADDRESS	ROUTE 1 BOX 72	
CITY-ST-ZIP	HOSFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUMNER, AMOS	
STREET ADDRESS	ROUTE 1 BOX 61 A	
CITY-ST-ZIP	HOSFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORAN, ALVIN	
STREET ADDRESS	ROUTE 1 BOX 115	
CITY-ST-ZIP	BRISTOL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GORDY BARBER	
1.3 STREET ADDRESS	Rt. 2, Box 72	
1.4 CITY-ST-ZIP	Bristol, Fl. 32321	
2.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Betty J. Lunsford	
2.3 STREET ADDRESS	P.O. Box 721 Hwy 12 S.	
2.4 CITY-ST-ZIP	Bristol, Fl. 32321	
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: Betty J. Lunsford 1-18-96 (904) 643-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)