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Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32321-95113. Date Incorporated or Qualified
12/10/19643a. Date of Last Report
03/25/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 D ☐ DELETENAME EUHANKS, WILHOIT
STREET ADDRESS RT 1 BOX 228E Lake Mystic Rd.
CITY-ST-ZIP BRISTOL FLTITLE V ☒ DELETENAME BRINKLEY, JOE
STREET ADDRESS ROUTE 1 BOX 243D
CITY-ST-ZIP BRISTOL FLTITLE D ☐ DELETENAME SCHMARJE, JEFFERY
STREET ADDRESS RT 1 BOX 373 Schmarje Lane
CITY-ST-ZIP BRISTOL FLTITLE D ☐ DELETENAME STOUTAMIRE, TOMMY
STREET ADDRESS ROUTE 1 BOX 72 N/A
CITY-ST-ZIP HOSFORD FLTITLE D ☐ DELETENAME SUMNER, AMOS
STREET ADDRESS ROUTE 1 BOX 61 A N/A
CITY-ST-ZIP HOSFORD FLTITLE D ☐ DELETENAME FORAN, ALVIN
STREET ADDRESS ROUTE 1 BOX 115 Hwy 375
CITY-ST-ZIP BRISTOL FL

1.1 TITLE

D ☐ Change ☒ Addition1.2 NAME WILLIAM J. FAIRCLOTH
1.3 STREET ADDRESS RT. 2, BOX 70F N/A
1.4 CITY-ST-ZIP BRISTOL, FL 32321

2.1 TITLE

D ☐ Change ☒ Addition2.2 NAME HOMER G. BARBER
2.3 STREET ADDRESS RT. 2, BOX 72 N/A
2.4 CITY-ST-ZIP BRISTOL, FL 32321

3.1 TITLE

S/T ☐ Change ☒ Addition3.2 NAME MARY D TANNER
3.3 STREET ADDRESS RT. 1, BOX 104 Spring St
3.4 CITY-ST-ZIP BRISTOL, FL 32321

4.1 TITLE

P ☐ Change ☒ Addition4.2 NAME BETTY J. LUNSFORD
4.3 STREET ADDRESS P.O. BOX 721 Hwy 125
4.4 CITY-ST-ZIP BRISTOL, FL 32321

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Betty J. Lunsford BETTY J. LUNSFORD

3-24-97 (94)643-2221

CR2E037 (9/96)