

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 790897**

1. Corporation Name

**LIBERTY COUNTY FARM BUREAU, LAA**

Principal Place of Business

**% MARY D TANNER  
RT 1, BOX 104  
BRISTOL FL 32321-9511**

Mailing Address

**% MARY D TANNER  
RT 1, BOX 104  
BRISTOL FL 32321-9511**

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90007 050 \*\*\*\*61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/10/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6194531	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		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
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUHANKS, WILHOIT	1.2 NAME	
STREET ADDRESS	LAKE MYSTIC RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRCOTH J.	2.2 NAME	
STREET ADDRESS	RT 2 BOX 70F	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMARJE, JEFFERY	3.2 NAME	
STREET ADDRESS	SCHMARSE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUTAMIRE, TOMMY	4.2 NAME	
STREET ADDRESS	RT 1 BOX 72 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, AMOS	5.2 NAME	
STREET ADDRESS	RT 1 BOX 72 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORAN, ALVIN	6.2 NAME	
STREET ADDRESS	RT 1 BOX 115 HWY 375	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	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: *Betty Lunsford* SIGNATURE: *REC. Betty Lunsford* 5-29-99 850-643-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)