

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 # **790902** (1)

1. Corporation Name

CALHOUN COUNTY FARM BUREAU, LAA



Principal Place of Business

Mailing Address

**615 N MAIN STREET
BLOUNTSTOWN FL 32424**

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BLOUNTSTOWN FL 32424**

3. Date Incorporated or Qualified
02/19/1965

3a. Date of Last Report
01/23/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BODIFORD JR., CECIL
RT 2 BOX 33 HWY 71N
ALTA FL 32421**

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

Cecil Bodiford Jr

Cecil Bodiford Jr 3-06-96

Signature, typed or printed name of registered agent and title (Agent, etc.)

NOTE: Registered Agent signature required when reinstating!

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BODIFORD, CECIL, JR	
STREET ADDRESS	HWY 71 N.	
CITY-ST-ZIP	ALTA, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LLOYD	
STREET ADDRESS	HWY 71 NORTH	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PURVIS, MIKE	
STREET ADDRESS	RT 1 BOX 31-K	
CITY-ST-ZIP	BLOUNTSTOWN, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROGDON, ANDY	
STREET ADDRESS	RT 2 BOX 36B	
CITY-ST-ZIP	ALTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RACKLEY, RUDY	
STREET ADDRESS	HWY 71 N.	
CITY-ST-ZIP	ALTA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, DONALD	
STREET ADDRESS	RT 1 BOX 173 HWY 73 NORTH	
CITY-ST-ZIP	ALTA FL	

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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:

Cecil Bodiford Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-06-96

Date

674-5471

Daytime Phone #

CR2E037 (12/95)