


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 790902 (1)</b> 1. Corporation Name <b>CALHOUN COUNTY FARM BUREAU, LAA</b>					
Principal Place of Business 615 N MAIN STREET BLOUNTSTOWN FL 32424		Mailing Address 615 N MAIN STREET BLOUNTSTOWN FL 32424			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/19/1965 4. FEI Number 59-1977533 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BODIFORD JR., CECIL RT 2 BOX 33 HWY 71N ALTHA FL 32421				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 617.0508, Florida Statutes. SIGNATURE <i>Cecil Bodiford Jr</i> 1-19-98 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 P NAME BODIFORD, CECIL, JR STREET ADDRESS HWY 71 N. CITY-ST-ZIP ALTHA, FL 00000		<input type="checkbox"/> DELETE		1.1 TITLE D 1.2 NAME VICKERY, ROCKY E. 1.3 STREET ADDRESS RT 2 BOX 732 1.4 CITY-ST-ZIP BLOUNTSTOWN, FL. 32424	
TITLE V NAME WILLIAMS, LLOYD STREET ADDRESS HWY 71 NORTH CITY-ST-ZIP BLOUNTSTOWN FL		<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE S NAME PURVIS, MIKE STREET ADDRESS RT 1 BOX 31-K CITY-ST-ZIP BLOUNTSTOWN, FL 00000		<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D NAME BROGDON, ANDY STREET ADDRESS RT 2 BOX 36B CITY-ST-ZIP ALTHA FL		<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE TD NAME RACKLEY, RUDY STREET ADDRESS HWY 71 N. CITY-ST-ZIP ALTHA, FL 00000		<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE D NAME MILLER, DONALD STREET ADDRESS RT 1 BOX 173 HWY 73 NORTH CITY-ST-ZIP ALTHA FL		<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: *C C Bodiford Jr* RECEIVED 1-19-98 850-6745471

CR2E037 (10/97)