

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90060 013 \*\*\*\*61.25

0010210

**DOCUMENT # 790902**

1. Corporation Name

**CALHOUN COUNTY FARM BUREAU, LAA**

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

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

3. Date Incorporated or Qualified

**02/19/1965**

4. FEI Number

**59-1977500-59-0917533**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

10. Name and Address of New Registered Agent

**BODIFORD JR., CECIL  
RT 2 BOX 33 HWY 71N  
ALTHA 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

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** ☐ DELETE

NAME **BODIFORD, CECIL, JR**

STREET ADDRESS **HWY 71 N.**

CITY-ST-ZIP **ALTHA, FL 00000**

TITLE **V** ☐ DELETE

NAME **WILLIAMS, LLOYD**

STREET ADDRESS **HWY 71 NORTH**

CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE **S** ☐ DELETE

NAME **PURVIS, MIKE**

STREET ADDRESS **RT 1 BOX 31-K**

CITY-ST-ZIP **BLOUNTSTOWN, FL 00000**

TITLE **D** ☐ DELETE

NAME **BROGDON, ANDY**

STREET ADDRESS **RT 2 BOX 36B**

CITY-ST-ZIP **ALTHA FL**

TITLE **TD** ☐ DELETE

NAME **RACKLEY, RUDY**

STREET ADDRESS **HWY 71 N.**

CITY-ST-ZIP **ALTHA, FL 00000**

TITLE **D** ☐ DELETE

NAME **MILLER, DONALD**

STREET ADDRESS **RT 1 BOX 173 HWY 73 NORTH**

CITY-ST-ZIP **ALTHA FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**D**

**VICKERY, ROCKY E.**

**RT 2 BOX 732**

**BLOUNTSTOWN, FL 32424**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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 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:

**SIGNATURE REQUIRED**

**1-13-99 (850)674-5471**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)