

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 # 790903 (9)

1. Corporation Name

TAYLOR COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

813 S. WASHINGTON ST.
PERRY FL 32347
US

813 S. WASHINGTON STREET
PERRY FL 32347



3. Date Incorporated or Qualified
10/10/1931

3a. Date of Last Report
04/17/1995

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

HOUCK, HELEN
ROUTE 3 BOX 464
PERRY FL 32347

81 Name

MALCOLM V. PAGE

82 Street Address (P.O. Box Number is Not Acceptable)

Route 5, Box 570

83

84 City

PERRY

FL

85 Zip Code

32347

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 *Malcolm V. Page*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME DAVIS, HENRY
STREET ADDRESS 1100 E. JULIA DRIVE
CITY-ST-ZIP PERRY, FL 00000

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME MALCOLM V. Page
1.3 STREET ADDRESS Route 5, Box 570
1.4 CITY-ST-ZIP PERRY FL 32347

TITLE D ☐ DELETE
NAME REGISTER, JERRY
STREET ADDRESS RT 2, BOX 3 A
CITY-ST-ZIP PERRY, FL 0

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Mike Knowles
2.3 STREET ADDRESS Rt. 1, Box 100-A
2.4 CITY-ST-ZIP Greenville, FL 32331

TITLE D ☐ DELETE
NAME PARKER, RUDOLPH
STREET ADDRESS RT 4 BOX 275
CITY-ST-ZIP PERRY FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Auley Rowell
3.3 STREET ADDRESS P.O. Box 2
3.4 CITY-ST-ZIP Shady Grove, FL 32357

TITLE P ☐ DELETE
NAME HOUCK, HELEN
STREET ADDRESS RT 3 BOX 464
CITY-ST-ZIP PERRY, FL 0

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME HELEN HOUCK
4.3 STREET ADDRESS RT. 3, Box 464
4.4 CITY-ST-ZIP PERRY FL 32347

TITLE ST ☐ DELETE
NAME HOUCK ERNEST
STREET ADDRESS RT 3 BOX 464
CITY-ST-ZIP PERRY, FL 0

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME IMA, RICHARD
STREET ADDRESS RT 5 BOX 612
CITY-ST-ZIP PERRY FL

6.1 TITLE ☐ Change ☐ 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, unchanged, or on an attachment with an address.

SIGNATURE: *Malcolm V. Page*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-96 904-584-2371
Date Daytime Phone #

CR2E037 (12/95)