FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790971 (6)

1. Corporation Name

OKALOOSA COUNTY FARM BUREAU LAA

Principal Place of Business	Mailing Address
921 W. JAMES LEE BLVD. P.O. BOX 189 CRESTVIEW FL 32536 US	921 W. JAMES LEE BLVD. P.O. BOX 189 CRESTVIEW FL 32536 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1968
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-0997282 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 P. O. Box 189	2a. Mailing Address 26 P. O. Box 189	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip / Country 24 25	Zip / Country 29 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

TUGGLE, LARRY
921 W. JAMES LEE BLVD.
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name: FRANK RAY
82 Street Address (P.O. Box Number is Not Acceptable): 6609 Lenwood Jackson Rd.
83: BAKER
84 City: FL 85 Zip Code: 32531

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X _____ 2-21-95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RAY, FRANK	1.2 NAME	RAY, FRANK	
STREET ADDRESS	RT 1 BOX 200	1.3 STREET ADDRESS	6609 LENWOOD JACKSON RD.	
CITY-ST-ZIP	BAKER FL 32531	1.4 CITY-ST-ZIP	BAKER, FL. 32531	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	FREE, KEITH	2.2 NAME		
STREET ADDRESS	4994 OKALOOSA LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32536	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☒ Change ☐ Addition
NAME	ROGERS, MORRIS	3.2 NAME		
STREET ADDRESS	RT 1 BOX 425	3.3 STREET ADDRESS	3490 NEW EBERNEZER RD.	
CITY-ST-ZIP	LAUREL HILL FL 32567	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	EXECUTIVE BOARD MBR.	☐ Change ☒ Addition
NAME		4.2 NAME	CROWSON, HAROLD	
STREET ADDRESS		4.3 STREET ADDRESS	RT. 1, BOX 148	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BAKER, FL. 32531	
TITLE		5.1 TITLE	EXECUTIVE BD. MBR.	☐ Change ☒ Addition
NAME		5.2 NAME	LOONEY, LARRY	
STREET ADDRESS		5.3 STREET ADDRESS	1837 Co. Rd. 180	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BAKER, FL 32531	
TITLE		6.1 TITLE	EX. BD. MBR.	☐ Change ☒ Addition
NAME		6.2 NAME	REVIS, STAN	
STREET ADDRESS		6.3 STREET ADDRESS	5 Elegan Ave.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pensacola, FL. 32507	

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)(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: X _____ 2-21-95 (904)682-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071678