

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 # 790971 (6)

1. Corporation Name

OKALOOSA COUNTY FARM BUREAU LAA



Principal Place of Business

921 W. JAMES LEE BLVD.
PO BOX 189
CRESTVIEW FL 32536
US

Mailing Address

921 W. JAMES LEE BLVD.
PO BOX 189
CRESTVIEW FL 32536
US

3. Date Incorporated or Qualified
06/13/1968

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

21 921 James Lee Blvd.

2a. Mailing Address

26 P.O. Box 189

Suite Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CRESTVIEW FL

27 City & State

28 CRESTVIEW FL

24 Zip

32536

25 Country

29 Zip

32536

30 Country

4. FEI Number

59-0997282

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

RAY, FRANK
6609 LENWOOD JACKSON RD
BAKER FL 32531

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 617.0503, 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

TITLE PD ☐ DELETE

NAME RAY, FRANK
STREET ADDRESS 6609 LENWOOD JACKSON RD
CITY - ST - ZIP BAKER FL 32531

TITLE VD ☐ DELETE

NAME FREE, KEITH
STREET ADDRESS 4994 OKALOOSA LN
CITY - ST - ZIP CRESTVIEW FL 32536

TITLE STD ☐ DELETE

NAME ROGERS, MORRIS
STREET ADDRESS 3490 NEW EBERNEZER RD
CITY - ST - ZIP LAUREL HILL FL 32567

TITLE EMB ☐ DELETE

NAME CROWSON, HAROLD
STREET ADDRESS RT 1 BOX 148 N/A
CITY - ST - ZIP BAKER FL 32531

TITLE EBM ☐ DELETE

NAME LOONEY, LARRY
STREET ADDRESS 1837 GR 181
CITY - ST - ZIP BAKER FL 32531

TITLE EBM ☐ DELETE

NAME REVIS, STAN
STREET ADDRESS 5 ELEGAN AVE
CITY - ST - ZIP PENSACOLA FL 32507

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)