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Feb 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

921 JAMES LEE BLVD
CRESTVIEW FL 32536
US

P BOX 189
CRESTVIEW FL 32536-0189
US



3. Date Incorporated or Qualified
06/13/1968

3a. Date of Last Report
04/22/1996

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

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

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY, FRANK
6609 LENWOOD JACKSON RD
BAKER FL 32531

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME FREE, KEITH
STREET ADDRESS 7303 HIGHWAY 393
CITY-ST-ZIP CRESTVIEW FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP LAUREL HILL, FL. 32567

TITLE STD ☐ DELETE
NAME ROGERS, MORRIS
STREET ADDRESS 3490 NEW EBERNEZER RD
CITY-ST-ZIP LAUREL HILL FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE EMB ☐ DELETE
NAME CROWSON, HAROLD
STREET ADDRESS 1958 LG RUSSELL RD
CITY-ST-ZIP BAKER FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE EBM ☐ DELETE
NAME LOONEY, LARRY
STREET ADDRESS 1837 CO RD 180
CITY-ST-ZIP BAKER FL

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

TITLE EBM ☒ DELETE
NAME REVIS, STAN
STREET ADDRESS 5 ELEGAN AVE
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME EBM JERRY BENTERFITT
6.3 STREET ADDRESS 7303 BENTERFITT RD.
6.4 CITY-ST-ZIP LAUREL HILL, FL 32567

14. I do 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: SIGNATURE REQUIRED

2-19-97 904 682-3536

CR2E037 (9/96)