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Feb 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790973 (2)

1. Corporation Name

HAMILTON COUNTY FARM BUREAU LAA



Principal Place of Business

Mailing Address

P.O. BOX 31
JASPER FL 32052

P.O. BOX 31
JASPER FL 32052-0031

3. Date Incorporated or Qualified
10/09/1968

3a. Date of Last Report
05/01/1996

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

4. FEI Number
59-6194208

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

10. Name and Address of New Registered Agent

MORGAN, HILWARD
ROUTE 1
WHITE SPRINGS FL 32096

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 MORGAN, HILWARD
STREET ADDRESS RT. 1, BOX 150
CITY-ST-ZIP WHITE SPRINGS FL 32096

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME BURNETT, RAY
STREET ADDRESS RT. 3, BOX 297
CITY-ST-ZIP JASPER FL 32052

2.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME GOOLSBY, DAVID
STREET ADDRESS ROUTE 1, BOX 150
CITY-ST-ZIP JASPER FL 32052

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME CONE, GARY
STREET ADDRESS RT. 1 BOX 145A
CITY-ST-ZIP JENNINGS FL 32053

4.1 TITLE ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME DEAS, JON
STREET ADDRESS RT. 1 BOX 137
CITY-ST-ZIP JENNINGS FL 32053

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME CLOYD, JOHN L
STREET ADDRESS RT. 1 BOX 84
CITY-ST-ZIP JASPER FL 32052

6.1 TITLE ☐ Change ☒ Addition

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: Hilward Morgan Hilward Morgan 1-9-97 904-397-2453

CR2E037 (9/96)