


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

10/09/1968

4. FEI Number

59-6194208

Applied For

Not Applicable

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

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

David Goolsby

See

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

RT 1 Box 150

83

84

Jasper

FL

85

**Zip Code
32052**

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

Paul Deas

See

5-1-98

(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**

TITLE **V** ☐ DELETE
NAME **BURNETT, RAY**
STREET ADDRESS **RT. 3, BOX 297**
CITY-ST-ZIP **JASPER FL 32052**

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

TITLE **D** ☐ DELETE
NAME **DEAS, DAMON**
STREET ADDRESS **RT 1 BOX 215**
CITY-ST-ZIP **JENNINGS FL**

TITLE **D** ☐ DELETE
NAME **DEAS, JON**
STREET ADDRESS **RT. 1 BOX 137**
CITY-ST-ZIP **JENNINGS FL 32053**

TITLE **D** ☐ DELETE
NAME **ERIXTON, BILL**
STREET ADDRESS **RT 1 BOX 5630**
CITY-ST-ZIP **WINTER SPRINGS FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Burnett, RAY**
1.3 STREET ADDRESS **RT 3 Box 297**
1.4 CITY-ST-ZIP **Jasper, FL 32052**

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 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:

Paul Deas

5-1-98

CR2E037 (10/97)