FILE NOW: FILI	NG FEE	IS \$61.25
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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

790980 DOCUMENT #

(7)

UNION COUNTY FARM BUREAU, LAA		
cipal Place of Business	Mailing Address	I lifety region than some

25 SE 6TH ST. AKE BUTLER FL 3	2054	LAKE BUTLER FL 32054		3. Date incorporated or Qualified 04/03/1969	3a. Date of Last Report 08/29/1995
		2a. Mailing Address		4. FEI Number	Applied For
Principal Place of	Business	26	_	59-0866417	Not Applicable  - \$8.75 Additional
		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		27			\$5.00 May Be
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	Added to Fees
Oity & Diano		28	Country	8 This corporation has liability for i	ntangible tax under s. 199.032,
Zip	Country	Zip	30	Florida Statutes	Lyes Lino
	25   Name and Address of Currel	1471		10. Name and Address of New R	
9.	Name and Address of Curren	III megisteres rig	81 Name	BRYAN HENDRIC	KS
			82 Street Add	Bross P.O. Box Number is Not Acceptab	le)
ROBERTS, A	IVERY C.		RT	4 BUX 2398	
500 S.W. 11	IN SINCE		83	•	
FAKE BOIL	ER FL 32054		84 City	Ke Burea	FL 85 Zip Code
			1 64	Re Buyer	
Dureupot to the	provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above-named corp	oration submits this statement for the pu lard of directors. I hereby accept the app	xxintment as registered agent. I an
or registered a	gent, or both, in the State of Flo	rida. Such change was authorized ction 617.0503, Florida(S)atutes.		oration submits this statement for the pu pard of directors. I hereby accept the app	
familiar with, ar	nd accept the obligations of on	an Houstreet	<u> </u>		
IGNATURE	iture, typed or printed remie amagistared, gr	) ( G . G	Registered Agent signature requ	ADDITIONS CHANGES TO OF	FICERS AND DIRECTORS IN 12
2.	OFFICERS A	ND DIRECTORS	13.		Change [ Addit
ITLE	D	DEFELE	1 2 NAME	0000019 -08/12/9601	13200 045036
IAME	CLYATT, GLEN LANIER		1.3 STREET ADDRESS	-08/12/3501 ***86.25	D40 000
TREET ADDRESS	RT 2, BOX 420		1.4 CITY - ST - ZIP	***************************************	☐ Change ☐ Addit
STY - ST - ZIP	LAKE BUTLER FL	DELETE	2 1 TITLE		☐ Change ☐ Addit
TITLE	ST PALE		22 NAME		
	CLYATT, DALE		2 3 STREET ADORESS		
STREET ADDRESS	RT 1 BOX 420		2 4 CITY-ST-7IP		Change X Add
CITY - ST - ZIP	LAKE BUTLER FL	<b>⊠</b> DELFTE	3 1 TITLE	VICE - PRESIDENT KAREN E. PARRI 150 E. MAIN ST	Control Day
TITLE	ROBERTS, AVERY		3.2 NAME	KAREN E. PARK	>H
NAME	500 SW 11TH ST		3.3 STREET ADDRESS	LAKE BUTLER, F PRESIDENT	in 32054
STREET ADDRESS	LAKE BUTLER FL		3.4 CITY-ST-ZIP	LARE BUTER, I	Change Add
CITY-ST-ZIP	V	DELETE	4.1 TITLE	Pizesinen	<b>-</b>
TITLE NAME	HENDRICKS, BRYAN		4. 2 NAME		
STREET ADDRESS	RT 2 BOX 69		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL		4.4 CITY - ST - ZIP	D	Change Add
TITLE	D	<b>⊠</b> DEL ETE	51 TITLE	ELERY GRIFFIS	
NAME	CRAWFORD, RAY		5 2 NAME		
STREET ADDRESS	RT 2 BOX 298		5 3 STREET ADDRESS	LAKE BUTLER, F	04 32054
CITY-ST-ZIP	LAKE BUTLER FL	K7nei Cte	5.4 CITY - S1 - ZIP 6.1 TITLE	<b>A</b>	Cutality FT -4-
TITLE	D	₩oereie	62 NAME	THOMAS CRAWFO	RO
1	CRAWFORD, ZELUAN		63 STREET ADDRESS	1 124 3 1804 410	
NAME	RT 2 BOX 298			LAKO RUZLER F	44 32059_
STREET ADDRESS			E GACITY-ST. 71P		The state of the s
STREET ADDRESS		align with this filing is voluntarily fu	64 CITY - ST - ZIP rnished and does not qu	alify for the exemption stated in Section cocurate and that my signature shall have the this report as required by Chapter 61	119.07(3)(k), Florida Stakites. (tup the same legal effect as it hade.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR