


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 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 # **790980** (7)

1. Corporation Name

UNION COUNTY FARM BUREAU, LAA

Principal Place of Business

**325 SE 6TH ST.
LAKE BUTLER FL 32054**

Mailing Address

**325 SE 6TH ST.
LAKE BUTLER FL 32054-2627**



3. Date Incorporated or Qualified **04/03/1969** 3a. Date of Last Report **08/12/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-0866417

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

**HENDRICKS, BRYAN
RT. 4 BOX 2398
LAKE BUTLER FL 32054**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **D**
NAME **CLYATT, GLEN LANIER**
STREET ADDRESS **RT 2, BOX 420**
CITY-ST-ZIP **LAKE BUTLER FL**

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

TITLE **ST**
NAME **CLYATT, DALE**
STREET ADDRESS **RT 1 BOX 420**
CITY-ST-ZIP **LAKE BUTLER FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V**
NAME **PARRISH, KAREN E**
STREET ADDRESS **750 E. MAIN ST.**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

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

TITLE **P**
NAME **HENDRICKS, BRYAN**
STREET ADDRESS **RT 2 BOX 69**
CITY-ST-ZIP **LAKE BUTLER FL**

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

TITLE **D**
NAME **GRIFFIS, ELEY**
STREET ADDRESS **RT 4 BOX 2392**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

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

TITLE **D**
NAME **CRAWFORD, THOMAS**
STREET ADDRESS **RT 2 BOX 410**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Bryan Hendricks* **DE BRYAN HENDRICKS** 3-4-97 (804) 496-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000588

CR2E037 (9/96)