

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 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 # 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/03/1969
4. FEI Number 59-0866417
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HENDRICKS, BRYAN RT. 4 BOX 2398 LAKE BUTLER FL 32054
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10. Name and Address of New Registered Agent 81 Name KAREN E. PARRISH 82 Street Address (P.O. Box Number is Not Acceptable) 750 E. MAIN ST. 83 LAKE BUTLER, FL 84 City FL 85 Zip Code 32054

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 *Karen E. Parrish* (NOTE: Registered Agent signature required when reinstating) DATE **4-28-98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	CLYATT, GLEN LANIER
STREET ADDRESS	RT 2, BOX 420
CITY-ST-ZIP	LAKE BUTLER FL
TITLE	<input type="checkbox"/> DELETE
NAME	CLYATT, DALE
STREET ADDRESS	RT 1 BOX 420
CITY-ST-ZIP	LAKE BUTLER FL
TITLE	<input type="checkbox"/> DELETE
NAME	PARRISH, KAREN E
STREET ADDRESS	750 E. MAIN ST.
CITY-ST-ZIP	LAKE BUTLER FL 32054
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, BRYAN
STREET ADDRESS	RT 2 BOX 89
CITY-ST-ZIP	LAKE BUTLER FL
TITLE	<input type="checkbox"/> DELETE
NAME	GRIFFIS, ELLERY
STREET ADDRESS	RT 4 BOX 2392
CITY-ST-ZIP	LAKE BUTLER FL 32054
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, THOMAS
STREET ADDRESS	RT 2 BOX 410
CITY-ST-ZIP	LAKE BUTLER FL 32054

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VP
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DONALD GRAHAM
4.3 STREET ADDRESS	RT 5 BOX 5030
4.4 CITY-ST-ZIP	LAKE BUTLER, FL 32054
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ST
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SANDRA CRAWFORD
6.3 STREET ADDRESS	RT 2 BOX 410
6.4 CITY-ST-ZIP	LAKE BUTLER, FL 32054

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: *Karen Parrish* 4-1-98 (904) 496-2171

CR2E037 (10/97)