FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE: _

DOCUMENT # 791039

(1)

LAFAYETTE COUNTY FARM BUREAU, LAA

Principal Place of Business Mailing Address						.0 1011 01011 01011 01011 01	DH BABIA BIBAI IBBI
HIGHWAY U.S. 27 EAST PO BOX 336 MAYO FL 32066		HIGHWAY U.S. 27 EAST PO BOX 336 Mayo Fl 32066					
					3. Date Incorporated or Qualified 10/20/1959	3a. Date of Las 04/12/	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	04,12,	Applied For
21		26	26		1 50 1005000		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.7	75 Additional
City & State			27			Fee	e Required
23		⊢ '	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		This corporation has liability for	Add	ded to Fees
24	25	29	30			Intangible tax under ☐ Yes X No	s. 199.032,
	9. Name and Address of Cu	rrent Registered Agent	<u> </u>		10. Name and Address of New Registered Agent		
			81	Name			
Kerby, evertt				Street Ad	dress (P.O. Box Number is Not Acceptate	ole)	
HWY U.	S. 27 EAST				`		
MAYO FL 32066			83				
			84	City		 85 2	Zip Code
11 Durawant	to the esseriaione of Costines C17 C	2500 1017 1500 50 11 0					·
or registe	reu agent, or born, in the State of r	rionda. Such change was authorized	i, the above-ni I by the corpo	amed corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the app	pose of changing its ointment as registers	registered office
tamılar w	ith, and accept the obligations of, a	Section 617.0503, Florida Statutes.				_	_
SIGNATURE	EVEVETT Kerby Signature, typiod or printed name of registered is	avent and title if auril table. (NOTE	Fisaistered Acont	Silhati de de hoi	red when reinstating)	<u> 2-7-91</u>	<i>•</i>
12.		AND DIRECTORS	13.	93.0	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
†:TLE	Р	DELETE	11 TITLE	V	ice- President	☐ Change	Addition
NAME	Kerby, Everett		12 NAME		ill Shaw		
STREET ADDRESS	RT 1 BOX 61		13 STREET A		T 2 Box 168		
CITY-ST-ZIP	MAYO FL 32066		14 CITY-SI		ayo F1 32066		
TITLE	D	□ DELETE	21 TITLE	D	irector	Change	Addition
NAME PAGEST LEDGGEG	BELL, MYRA		2 2 NAMF		verett Howell		
STREET ADDRESS	RT 1 BOX 469		2 3 STREET A	14	t 1 Box 284		
CITY-ST-ZIP TITLE	MAYO FL ST	DELETE	2 4 CITY - SI 3 1 TITLE		ranford Fl 32008_	C) Change	a 17 1 Addition
NAME	HENDRICK, MITZI		3.2 NAME		irector	Change	Addition
STREET ADDRESS	RT 2 BOX 42		3 3 STREET A	LODDECC	.M. Howell		
CITY - ST - ZIP	MAYO FL 32066		34 CITY-SI	K	T 1 Box 286		ĺ
TITLE	D	DELETE	4 1 TITLE		ranford Fl 32008 rack Jackson	D Change	Addition
NAME	LAND, RODNEY		4 2 NAME		t 2 Box 161-B		
STREET ADDRESS	RT 1 BOX 214		43 STREET A		layo, F1 32066		
CiTY-ST-ZIP	MAYO FL 32066		4.4 CITY - ST	- ZIP			
TITLE	D	DELETE	5 1 TITLE			Change	Addition
NAME	BUCHANAN, T.C.	.n.	5 2 NAME				
STREET ADDRESS	P.O. BOX 34 N/A (CR 348	8)	5 3 STREET A				
CITY -ST - ZIP TITLE	DAY FL 32013 V	DELETE	54 CITY - ST 61 TITLE		iraatau	□ Chanaa	Addition
NAME	MORGAN, SHAROLD		6.2 NAME	S	irector harold Morgan	🙀 Change	Addition
STREET ADDRESS	RT. 2, BOX 97		6.3 STREET A	תו	t 2 Box 97		
City-St-ZiP	MAYO FL		64 CiTY-ST		ayo, Fl 32066		
14. I do hereb	ov certify that the information suppli	ed with this filing is voluntarily furnish	hed and does	not qualify	for the exemption stated in Section 119	07(3)(k), Florida Stati	utes. I further
certify that oath; that	time information indicated on this a Lam an officer or director of the co	innua: report or supplemental annua progation or the receiver or trustee (a report is true empowered to	e and accur execute the	rate and that my signature shall have the his report as required by Chapter 617. Fir	same legal effect as orida Statutes: and fl	if made under hat my name
certify that the information indicated on this annual report or supplieriental 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 an antangonal trust an address.							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/94

(904) 294-1399