

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 791039

(1)

1. Corporation Name

LAFAYETTE COUNTY FARM BUREAU, LAA



Principal Place of Business

Mailing Address

HIGHWAY U.S. 27 EAST
PO BOX 336
MAYO FL 32066

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PO BOX 336
MAYO FL 32066

3. Date Incorporated or Qualified

10/20/1959

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERBY, EVERTT
HWY U.S. 27 EAST
MAYO FL 32066

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

Everett Kerby

2-7-96

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME KERBY, EVERETT
STREET ADDRESS RT 1 BOX 61
CITY-ST-ZIP MAYO FL 32066

11 TITLE Vice-President
12 NAME Bill Shaw
13 STREET ADDRESS RT 2 Box 168
14 CITY-ST-ZIP Mayo FL 32066

TITLE D
NAME BELL, MYRA
STREET ADDRESS RT 1 BOX 469
CITY-ST-ZIP MAYO FL

21 TITLE Director
22 NAME Everett Howell
23 STREET ADDRESS Rt 1 Box 284
24 CITY-ST-ZIP Branford FL 32008

TITLE ST
NAME HENDRICK, MITZI
STREET ADDRESS RT 2 BOX 42
CITY-ST-ZIP MAYO FL 32066

31 TITLE Director
32 NAME W.M. Howell
33 STREET ADDRESS RT 1 Box 286
34 CITY-ST-ZIP Branford FL 32008

TITLE D
NAME LAND, RODNEY
STREET ADDRESS RT 1 BOX 214
CITY-ST-ZIP MAYO FL 32066

41 TITLE D
42 NAME Brack Jackson
43 STREET ADDRESS Rt 2 Box 161-B
44 CITY-ST-ZIP Mayo, FL 32066

TITLE D
NAME BUCHANAN, T.C.
STREET ADDRESS P.O. BOX 34 N/A (CR 348B)
CITY-ST-ZIP DAY FL 32013

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE V
NAME MORGAN, SHAROLD
STREET ADDRESS RT. 2, BOX 97
CITY-ST-ZIP MAYO FL

61 TITLE Director
62 NAME Sharold Morgan
63 STREET ADDRESS Rt 2 Box 97
64 CITY-ST-ZIP Mayo, FL 32066

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

(904) 294-1399

Date

Daytime Phone

CR2E037 (12/95)