


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90149 015 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 791039

1. Corporation Name

LAFAYETTE COUNTY FARM BUREAU, LAA

Principal Place of Business

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

Mailing Address

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



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|-----------------------------------|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | City & State | 27 | City & State | 58-1085328 | Not Applicable |
| 23 | Zip | 28 | Zip | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | Country | 29 | Country | 6. Election Campaign Financing | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25 | | 30 | | Trust Fund Contribution | |

9. Name and Address of Current Registered Agent

SHAW, BILL
HWY. U.S. 27 EAST
MAYO FL 32066

10. Name and Address of New Registered Agent

81 Name **LAND, ROD**
 82 Street Address (P.O. Box Number is Not Acceptable) **HWY. U.S. 27 EAST**
 83
 84 City **MAYO** **FL** 85 Zip Code **32066**

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

Rodney R. Land

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

(NOTE: Registered Agent signature required when reinstating)

1-8-99

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAW, BILL | 1.2 NAME | LAND, ROD |
| STREET ADDRESS | RR 2 BOX 1285 | 1.3 STREET ADDRESS | RR2, BOX 1510 |
| CITY-ST-ZIP | MAYO FL 32066 | 1.4 CITY-ST-ZIP | MAYO, FL 32066 |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JACKSON, BRACK | 2.2 NAME | SHAW, BILL |
| STREET ADDRESS | RR 2 BOX 1250 | 2.3 STREET ADDRESS | RR 2, BOX 1285 |
| CITY-ST-ZIP | MAYO FL 32066 | 2.4 CITY-ST-ZIP | MAYO, FL 32066 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | B <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRINGTON, SCOTT | 3.2 NAME | BELL, MYRA |
| STREET ADDRESS | RT 3 BOX 267 | 3.3 STREET ADDRESS | RR1, BOX 469 |
| CITY-ST-ZIP | MAYO FL 32066 | 3.4 CITY-ST-ZIP | MAYO, FL 32066 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOWELL, EVERTT | 4.2 NAME | HENDRICK, MITZI |
| STREET ADDRESS | RT 4 BOX 284 | 4.3 STREET ADDRESS | RR2, BOX 345 |
| CITY-ST-ZIP | BRANFORD FL 32008 | 4.4 CITY-ST-ZIP | MAYO, FL 32066 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOWELL, W M | 5.2 NAME | KERBY, EVERETT |
| STREET ADDRESS | RT 4 BOX 286 | 5.3 STREET ADDRESS | RR 3, BOX 61 |
| CITY-ST-ZIP | BRANFORD FL 32008 | 5.4 CITY-ST-ZIP | MAYO, FL 32066 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MORGAN, SHAROLD | 6.2 NAME | BUCHANAN, T.C. |
| STREET ADDRESS | RT. 2, BOX 97 | 6.3 STREET ADDRESS | RR1, BOX 380 |
| CITY-ST-ZIP | MAYO FL | 6.4 CITY-ST-ZIP | MAYO, FL 32066 |

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, with all other like empowered.

SIGNATURE:

Rodney R. Land **1-8-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)