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May 16 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 # N95000002477 (6)

1. Corporation Name

ESCAMBIA COUNTY FARM BUREAU, LAA



Principal Place of Business

Mailing Address

153 HIGHWAY 97
MOLINO FL 32577

153 HIGHWAY 97
MOLINO FL 32577-5553

3. Date Incorporated or Qualified
05/24/1995

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0711497

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

BARRINEAU, MERWYN
5616 HIGHWAY 196
MOLINO FL 32577

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 W. M. Barrineau William Barrineau, President DATE 4-30-97

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BARRINEAU, MERWYN
STREET ADDRESS 5615 HWY. 196
CITY-ST-ZIP MOLINO FL 32577

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

TITLE V ☐ DELETE
NAME CINNINGHAM, JIMMY
STREET ADDRESS 6030 HWY 29 N
CITY-ST-ZIP MOLINO FL 32577

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

TITLE S ☒ DELETE
NAME POUSSON, ALICE
STREET ADDRESS 4986 SPRINGHILL RD
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Secretary
3.3 STREET ADDRESS Jerry Sheppard
3.4 CITY-ST-ZIP 3620 Lambert Bridge Rd.
McDavid, FL 32568

TITLE D ☐ DELETE
NAME KEY, GLYNN JR
STREET ADDRESS 3241 HWY 164
CITY-ST-ZIP MCDAVID FL 32568

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

TITLE D ☐ DELETE
NAME ABBPTT, BEN
STREET ADDRESS 5853 CHESTNUT RD
CITY-ST-ZIP MOLINO FL 32577

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

TITLE D ☐ DELETE
NAME LIVINGSTON, JACK
STREET ADDRESS 2350 HWY 97 N.
CITY-ST-ZIP MOLINO FL 32577

6.1 TITLE ☐ Change ☐ Addition
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: W. M. Barrineau SIGNATURE REQUIRED

4-30-97 904-587-2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074591

CR2E037 (9/96)