

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008110

**Entity Name:** ST. LUCIE COUNTY FARM BUREAU, INC.

**Current Principal Place of Business:**

3327 ORANGE AVE.  
FT. PIERCE, FL 34947

**Current Mailing Address:**

3327 ORANGE AVE.  
FT. PIERCE, FL 34947

**FEI Number: 59-0830043**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VACHON, RICHARD C  
3327 ORANGE AVE.  
FT. PIERCE, FL 34947 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name VACHON, RICHARD C  
Address 10300 MULLER RD.  
City-State-Zip: FT. PIERCE FL 34945

Title VD  
Name BERGGREN, MARK  
Address 28086 ORANGE AVE.  
City-State-Zip: FT. PIERCE FL 34945

Title SD  
Name MURPHY, AMBER  
Address 10896 MULLER RD.  
City-State-Zip: FT. PIERCE FL 34945

Title TD  
Name MUNYAN, SUSAN  
Address 3524 11 MILE RD.  
City-State-Zip: FT. PIERCE FL 34945

Title D  
Name ADAMS, MICHAEL L  
Address PO BOX 12909  
City-State-Zip: FT. PIERCE FL 34979

Title D  
Name JOHNSON, ROBERT J  
Address 8480 IMMOKOLEE RD.  
City-State-Zip: FT. PIERCE FL 34945

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD VACHON**

**PRESIDENT**

**01/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date