

2015 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 DIRECTOR
Name VACHON, RICHARD C
Address 10300 MULLER RD.
City-State-Zip: FT. PIERCE FL 34945

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

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

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

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

Title SECRETARY
Name MUNYAN, DAVID R
Address 3524 ELEVEN MILE RD
City-State-Zip: FT PIERCE FL 34945-2501

Title DIRECTOR
Name SCHIRARD, J B JR.
Address 1860 PULITZER RD
City-State-Zip: FT PIERCE FL 34945-4427

Title DIRECTOR
Name RUSSAKIS, NICHOLAS J
Address 8801 INDRIIO RD
City-State-Zip: FT PIERCE FL 34951-1615

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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: MARK BERGGREN

PRESIDENT

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FORGET, COURTNEY LOUIS
Address 5501 EAGLE DR
City-State-Zip: FORT PIERCE FL 34951-2306