

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790421

FILED
Apr 29, 2006
Secretary of State

Entity Name: DADE COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

1850 OLD DIXIE HWY
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

1850 OLD DIXIE HWY
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 59-0688990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIETIG, ERIK
16300 SW 184 ST
MIAMI, FL 33187 US

Name and Address of New Registered Agent:

SWANSON, CAROLANN
1850 OLD DIXIE HWY
HOMESTEAD, FL 33033 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: CAROLANN SWANSON

04/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FREDRICK, JOHN,
Address: 28525 SW 182 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: P () Delete
Name: SANCHEZ, JOHN
Address: PO BOX 310
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: WILSON, MARK,
Address: 16350 SW 77 COURT
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: DELLIVENERI, ANGELA
Address: 27825 SW 168 CT
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: BOGGS, COLLEEN,
Address: 16300 SW 184TH ST.
City-St-Zip: MIAMI, FL 33187

Title: V () Delete
Name: STRIBLING, SALLY
Address: 27805 SW 197 AVE
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBBIE BISHOP

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date