FILE NOW: FILING FEE AFTER MAY-1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 28 AM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790434 (5)

1. Corporation Name
BROWARD COUNTY FARM BUREAU LAA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2121 N STATE RD 7 MARGATE FL 33063	2121 N STATE RD 7 MARGATE FL 33063

3. Date Incorporated or Qualified: 06/12/1967
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-0751653 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SOJACK, SUZANNE M.
2121 N. STATE ROAD 7
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: Fred Segal
82 Street Address (P.O. Box Number is Not Acceptable): 2121 N. State Road 7
83 Margate, FL 33063
84 City: FL 85 Zip Code: 33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Fred Segal 1/25/95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President / DIRECTOR	☒ Change ☐ Addition
NAME	MURRAY, DON	12 NAME	Fred Segal	
STREET ADDRESS	4065 NW 43RD STREET	13 STREET ADDRESS	289 S.E. 4th Ave.	
CITY-ST-ZIP	COCONUT CREEK FL	14 CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	VD	21 TITLE	Vice President / DIRECTOR	☒ Change ☐ Addition
NAME	HINES, GARY	22 NAME	Glenn Sanderson	
STREET ADDRESS	5400 SW 106 AVE	23 STREET ADDRESS	1629 N.E. 1st Avenue	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
TITLE	TD	31 TITLE	Treasurer / DIRECTOR	☒ Change ☐ Addition
NAME	SEGAL, FRED	32 NAME	Fred Spear	
STREET ADDRESS	289 SE 4 AVE	33 STREET ADDRESS	2335 N.E. 29th St.	
CITY-ST-ZIP	POMPANO BCH FL	34 CITY-ST-ZIP	Lighthouse Point, FL	
TITLE	SD	41 TITLE	Secretary / DIRECTOR	☒ Change ☐ Addition
NAME	GRIFFIN, TIM	42 NAME	Robert Van Fleet	
STREET ADDRESS	10141 SW 16 PL	43 STREET ADDRESS	600 Sagamore Road	
CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Fred Segal 1/25/95 305 972 2525
SIGNATURE AND TYPE OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

Signature Sojack Fred Segal

0030050