

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 790434 (5)

1. Corporation Name

BROWARD COUNTY FARM BUREAU LAA

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

4. FEI Number

59-0751653

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEGAL, FRED
2121 N. STATE ROAD 7
MARGATE FL 33063

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SEGAL, FRED
STREET ADDRESS 289 S.E. 4TH AVE.
CITY-ST-ZIP POMPANO BEACH FL

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

PD FRED SEGAL
289 SE 4TH AVE
POMPANO BEACH, FL

TITLE VPD
NAME SANDERSON, GLENN
STREET ADDRESS 1629 N.E. 1ST AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

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

VPD E.A. MURRAY
4065 NW 43 ST
COCONUT CRK, FL 33073

TITLE TD
NAME SPEAR, FRED
STREET ADDRESS 2335 N.E. 29TH ST.
CITY-ST-ZIP LIGHTHOUSE POINT FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

AL MATTINGLY TD
300 NE 31 ST
POMPANO BCH, FL 33064

TITLE SD
NAME FLEET, ROBERT VAN
STREET ADDRESS 600 SAGAMORE ROAD
CITY-ST-ZIP FT. LAUDERDALE FL

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

SD GLENN SANDERSON
1629 NE 1 AVE
FT. LAUDERDALE, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

PE
4.13

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Dep 6/25

14. I 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:

[Signature]

2/12/98

AC 4 877-7525

CR2E037 (10/97)