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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90190 022 \*\*\*\*61.25

006276

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 790434**

1. Corporation Name

**BROWARD COUNTY FARM BUREAU LAA**

Principal Place of Business

2121 N STATE RD 7  
 MARGATE FL 33063

Mailing Address

2121 N STATE RD 7  
 MARGATE FL 33063



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/12/1967

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **VPD**  
**MURRAY, E.A.**  
 STREET ADDRESS **4065 NW 43 ST**  
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☒ DELETE

NAME **TD**  
**MATTINGLY, AL**  
 STREET ADDRESS **300 NE 31 ST**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☒ DELETE

NAME **SD**  
**SANDERSON, GLENN**  
 STREET ADDRESS **1629 NE 1 AVE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME **VPD**  
**ROTH, DAVID**  
 STREET ADDRESS **5660 Griffin Rd.**  
 CITY-ST-ZIP **Davie, FL 33314**

3.1 TITLE ☐ Change ☒ Addition

NAME **TD**  
**Glenn Sanderson**  
 STREET ADDRESS **1629 NE 1st Ave**  
 CITY-ST-ZIP **Ft Lauderdale, FL 33305**

4.1 TITLE ☐ Change ☒ Addition

NAME **SD**  
**Robert Van Fleet**  
 STREET ADDRESS **600 Sagamore Rd**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/99

954 972 2525

CR2E037 (1/98)