

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790434

FILED
Jan 25, 2005
Secretary of State

Entity Name: BROWARD COUNTY FARM BUREAU LAA

Current Principal Place of Business:

2121 N STATE RD 7
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2121 N STATE RD 7
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-0751653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEGAL, FRED
Address: 289 S.E. 4TH AVE.
City-St-Zip: POMPANO BEACH, FL

Title: S () Delete
Name: AIKEN, JULIE
Address: 3801 S FLAMINGO RD
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: VPD () Delete
Name: MURRAY, E. A
Address: 4065 NW 43 ST
City-St-Zip: POMPANO BEACH, FL 33073

Title: TD () Delete
Name: CAPELLA, WENDY
Address: PO BOX 2057
City-St-Zip: BOCA RATON, FL 33427

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: AITKEN, JULIE
Address: 3801 S FLAMINGO RD
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: VPD (X) Change () Addition
Name: PAUL, JUDY
Address: 14421 SW 24 ST
City-St-Zip: DAVIE, FL 33325

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 Section 119.07(3)(i), 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: FRED SEGAL

PD

01/25/2005

Electronic Signature of Signing Officer or Director

Date