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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:15

DOCUMENT # 790452 (7)

1. Corporation Name
ST. LUCIE COUNTY FARM BUREAU, LAA

Principal Place of Business	Mailing Address
3327 ORANGE AVE. FT. PIERCE FL 34947-3561	3327 ORANGE AVE. FT. PIERCE FL 34947-3561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1967
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-0830043 ☐ 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

PLATTS, PARKER
11670 TWIN CREEKS DRIVE
FT. PIERCE FL 34945

10. Name and Address of New Registered Agent

81 Name: Poppell, Timothy R. Sr.
82 Street Address (P.O. Box Number is Not Acceptable): 148 43rd Avenue
83
84 City: Vero Beach FL 85 Zip Code

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 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, typed or printed name of registered agent or officer of agent (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	PLATTS, PARKER	12 NAME	Poppell, Timothy R. Sr.	
STREET ADDRESS	11670 TWIN CREEKS DRIVE	13 STREET ADDRESS	148 43rd AVENUE	
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	POPPELL, TIM	22 NAME	Johnson, Robbie	
STREET ADDRESS	148 43 AVE.	23 STREET ADDRESS	8480 IMMOKOLEE ROAD	
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE	TD	31 TITLE	TD	☐ Change ☐ Addition
NAME	DRISCOLL, P.J. JR	32 NAME		
STREET ADDRESS	7006 BAYARD ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	NELSON, GREG	42 NAME	Dunn, Pat	
STREET ADDRESS	1900 OLD DIXIE HWY	43 STREET ADDRESS	14105 Angle ROAD	
CITY-ST-ZIP	FT PIERCE FL 34946	44 CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	SCHIRARD, BRANTLEY JR.	52 NAME	Platts, Parker	
STREET ADDRESS	5404 EAGLE DRIVE	53 STREET ADDRESS	11670 Twin Creeks Drive	
CITY-ST-ZIP	FT PIERCE FL	54 CITY-ST-ZIP	Ft. PIERCE FL 34945	
TITLE	D	61 TITLE	D	☐ Change ☐ Addition
NAME	JOHNSON, ROBBIE	62 NAME	Schirard, Brantley Jr.	
STREET ADDRESS	8480 IMMOKOLEE ROAD	63 STREET ADDRESS	5404 Eagle Drive	
CITY-ST-ZIP	FT PIERCE FL	64 CITY-ST-ZIP	FT. PIERCE FL	

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same

FILED BY MAY 1

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] 4-25-95 407-465-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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