

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
06/12/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Timothy R. Poppell, Sr.**
82 Street Address (P.O. Box Number is Not Acceptable)
148 43rd Avenue
83
84 City **Vero Beach** FL 85 Zip Code **32961**

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 617.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/30/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PLATTS, PARKER	
STREET ADDRESS	11670 TWIN CREEKS DRIVE	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	POPELL, TIM	
STREET ADDRESS	148 43 AVE.	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DRISCOLL, P.J. JR	
STREET ADDRESS	7008 BAYARD ROAD	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, GREG	
STREET ADDRESS	1900 OLD DIXIE HWY	
CITY - ST - ZIP	FT PIERCE FL 34946	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHIRARD, BRANTLEY JR.	
STREET ADDRESS	5404 EAGLE DRIVE	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROBBIE	
STREET ADDRESS	8480 IMMOKOLEE ROAD	
CITY - ST - ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Timothy Poppell	
13 STREET ADDRESS	148 43rd Avenue	
14 CITY - ST - ZIP	Vero Beach, FL 32961	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Robbie Johnson	
23 STREET ADDRESS	8480 Immokolee Road	
24 CITY - ST - ZIP	Ft Pierce, FL 34951	
31 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Brant Schirard	
33 STREET ADDRESS	5404 Eagle Drive	
34 CITY - ST - ZIP	Ft Pierce, FL 34951	
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Brian Helseth	
43 STREET ADDRESS	17580 Hammock Lane	
44 CITY - ST - ZIP	Ft Pierce, FL 34988	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Bryan D. Schirard	
53 STREET ADDRESS	1111 Trinidad Ave.	
54 CITY - ST - ZIP	Ft Pierce, FL 34982	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Philip P. Strazzulla	
63 STREET ADDRESS	4102 Sabal Palm Drive	
64 CITY - ST - ZIP	Vero Beach, FL 32964	

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)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

CS 6/27/96
Date

CR2E037 (12/95)