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Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

3327 ORANGE AVE.  
FT. PIERCE FL 34947-3561

Mailing Address

3327 ORANGE AVE.  
FT. PIERCE FL 34947-3561

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

06/27/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

22

City &amp; State

27

Zip

Country

23

Zip

Country

28

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

Robert J. Johnson

82

Street Address (P.O. Box Number is Not Acceptable)

2650 Kings Highway

83

84

City

Ft. Pierce

FL

85

Zip Code

34945

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 for 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 retinaling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETENAME POPPELL, TIMOTHY R  
STREET ADDRESS 148 43RD AVENUE  
CITY-ST-ZIP VERO BEACH FL 32961TITLE TD ☒ DELETENAME SCHIRARD, BRANT  
STREET ADDRESS 5404 EAGLE DR  
CITY-ST-ZIP FT PIERCE FL 34951TITLE SD ☒ DELETENAME HELSETH, BRIAN  
STREET ADDRESS 17580 HAMMOCK LANE  
CITY-ST-ZIP FT PIERCE FL 34988TITLE D ☒ DELETENAME SHIRARD, BRYAN D  
STREET ADDRESS 1111 TRINIDAD AVE  
CITY-ST-ZIP FT PIERCE FL 34982TITLE D ☒ DELETENAME STRAZZULLA, PHILIP P  
STREET ADDRESS 4102 SABAL PALM DRIVE  
CITY-ST-ZIP VERO BEACH FL 32964TITLE VD ☒ DELETENAME JOHNSON, ROBBIE  
STREET ADDRESS 8480 IMMOKOLEE ROAD  
CITY-ST-ZIP FT PIERCE FL1.1 TITLE PD ☒ Change ☐ Addition1.2 NAME Robert J. Johnson  
1.3 STREET ADDRESS 2650 Kings Highway  
1.4 CITY-ST-ZIP Ft. Pierce, FL 349452.1 TITLE VD ☒ Change ☐ Addition2.2 NAME J. Brantley Scirard, Jr.  
2.3 STREET ADDRESS 5404 Eagle Drive  
2.4 CITY-ST-ZIP Ft. Pierce, FL 349513.1 TITLE SD ☒ Change ☐ Addition3.2 NAME Brian Helseth  
3.3 STREET ADDRESS 17580 Hammock Lane  
3.4 CITY-ST-ZIP Ft. Pierce, FL 349884.1 TITLE TD ☒ Change ☐ Addition4.2 NAME Philip P. Strazzulla  
4.3 STREET ADDRESS 4102 Sabal Palm Drive  
4.4 CITY-ST-ZIP Vero Beach, FL 329645.1 TITLE D ☒ Change ☐ Addition5.2 NAME Timothy R. Poppell, Sr.  
5.3 STREET ADDRESS 148 43rd Avenue  
5.4 CITY-ST-ZIP Vero Beach, FL 329616.1 TITLE D ☒ Change ☐ Addition6.2 NAME Bryan D. Schirard  
6.3 STREET ADDRESS 1111 Trinidad Avenue  
6.4 CITY-ST-ZIP Ft. Pierce, FL 34982

14. I do 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:

Robert J. Johnson

1/17/97

561 465 0440

CR2E037 (9/96)