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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

557816 - 90014 - 33 b *

DOCUMENT # **790452**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/12/1967

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

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT J
2650 KINGS HWY
FT PIERCE FL 34945

10. Name and Address of New Registered Agent

81 Name: SCHIRARD, J BRANTLEY JR
82 Street Address (P.O. Box Number is Not Acceptable): 5404 EAGLE DRIVE
83
84 City: FT PIERCE FL 85 Zip Code: 34951

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 J. Brantley Schirard Jr. 5/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	XX Change ☐ Addition
NAME	SCIRARD, J BRANTLEY JR		1.2 NAME	SCHIRARD, J BRANTLEY JR	
STREET ADDRESS	5404 EAGLE DR		1.3 STREET ADDRESS	5404 EAGLE DR	
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP	FT PIERCE, FL	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HELSETH, BRIAN		2.2 NAME		
STREET ADDRESS	17580 HAMMOCK LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34988		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	TD	XX Change ☐ Addition
NAME	SCHIRARD, BRYAN D		3.2 NAME	SCHIRARD, BRYAN D	
STREET ADDRESS	1111 TRINIDAD AVE		3.3 STREET ADDRESS	1111 TRINIDAD AVE	
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP	FT PIERCE, FL	
TITLE	TD	☐ DELETE	4.1 TITLE	VD	XX Change ☐ Addition
NAME	STRAZZULLA, PHILIP P		4.2 NAME	STRAZZULLA, PHILIP P	
STREET ADDRESS	4102 SABAL PALM DRIVE		4.3 STREET ADDRESS	4102 SABAL PALM DRIVE	
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	VERO BEACH, FL	
TITLE	PD	☐ DELETE	5.1 TITLE	D	XX Change ☐ Addition
NAME	JOHNSON, ROBERT J		5.2 NAME	JOHNSON, ROBERT J	
STREET ADDRESS	2650 KINGS HWY		5.3 STREET ADDRESS	2650 KINGS HWY	
CITY-ST-ZIP	FT PIERCE FL		5.4 CITY-ST-ZIP	FT PIERCE, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: J. Brantley Schirard Jr. SIGNATURE REQUIRED 4/21/99 (561) 465-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #