

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90039 013 ****61.25

DOCUMENT # 790452

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0830043

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIRARD, BRYAN
1111 TRINIDAD AVE
FORT PIERCE, FL 34948

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SCIRARD, J. BRANTLEY JR
STREET ADDRESS 5404 EAGLE DR
CITY-ST-ZIP FT PIERCE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MUNYAN, SUSAN
STREET ADDRESS 8400 PICOS RD
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SCHIRARD, BRYAN D
STREET ADDRESS 1111 TRINIDAD AVE
CITY-ST-ZIP FT PIERCE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STRAZZULLA, PHILLIP P
STREET ADDRESS 4102 SABAL PALM DRIVE
CITY-ST-ZIP VERO BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME JOHNSON, ROBERT J
STREET ADDRESS 2650 KINGS HWY
CITY-ST-ZIP FT PIERCE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BEAWIE, AUDRWEY
STREET ADDRESS 2199 S ROCK RD
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE ☒ Change ☐ Addition
NAME Audrey
STREET ADDRESS Beany
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-04 772-465-0890