

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90074 010 ****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

50021241



01042005 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

SCHIRARD, BRYAN
1111 TRINIDAD AVE
FORT PIERCE, FL 34948

7. Name and Address of New Registered Agent

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 Bryan Schirard DATE 2-22-05
(NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCIRARD, J. BRANTLEY JR	
STREET ADDRESS	5404 EAGLE DR	
CITY-ST-ZIP	FT PIERCE, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MUNYAN, SUSAN	
STREET ADDRESS	8400 PICOS RD	
CITY-ST-ZIP	FORT PIERCE, FL 34945	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHIRARD, BRYAN D	
STREET ADDRESS	1111 TRINIDAD AVE	
CITY-ST-ZIP	FT PIERCE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRAZZULLA, PHILLIP P	
STREET ADDRESS	4102 SABAL PALM DRIVE	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT J	
STREET ADDRESS	2650 KINGS HWY	
CITY-ST-ZIP	FT PIERCE, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BEANY, AUDREY	
STREET ADDRESS	2199 S ROCK RD	
CITY-ST-ZIP	FORT PIERCE, FL 34945	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Bryan Schirard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-05
Date Daytime Phone #