## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 790452** 

FILED Apr 24, 2007 Secretary of State

Entity Name: ST. LUCIE COUNTY FARM BUREAU, LAA

**Current Principal Place of Business: New Principal Place of Business:** 3327 ORANGE AVE FT. PIERCE, FL 349473561 **Current Mailing Address: New Mailing Address:** 3327 ORANGE AVE FT. PIERCE, FL 349473561 FEI Number: 59-0830043 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MUYAN, DAVID MUNYAN, DAVID 3524 ELEVEN MILE RD. 3524 ELEVEN MILE RD. US FORT PIERCE, FL 34945 US FORT PIERCE, FL 34945 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. SIGNATURE: DAVID MUNYAN 04/24/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition SCIRARD, J. BRANTLEY JR Name: Name: 5404 EAGLE DR Address: Address: City-St-Zip: FT PIERCE, FL City-St-Zip: Title: TD Title: ( ) Delete () Change () Addition MUNYAN, SUSAN Name: Name: Address: 8400 PICOS RD Address: City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SCHIRARD, BRYAN D Name: VACHON, RICHARD Name: 10300 MULLER ROAD Address: 1111 TRINIDAD AVE Address: City-St-Zip: FT PIERCE, FL City-St-Zip: FT PIERCE, FL 34945 Title: VΡ ( ) Delete Title: () Change () Addition Name: JOHNSON, ROBERT J Name: 2650 KINGS HWY Address: Address: City-St-Zip: FT PIERCE, FL City-St-Zip: Title: ( ) Delete Title: () Change () Addition PAUL, DRISCOLL JR Name: Name: 2709 ROBIN ST Address: Address: City-St-Zip: FORT PIERCE, FL 34982 US City-St-Zip: Title: () Delete Title: () Change () Addition MIKE, ADAMS Name: Name: Address: 25501 ORANGE AVE Address: FORT PIERCE, FL 34945 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MUYAN P 04/24/2007