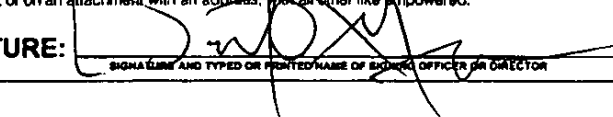


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-06-2008 90049 048 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0830043	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MUNYAN, DAVID 3524 ELEVEN MILE RD. FORT PIERCE, FL 34945			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  Signature, typed or printed name of registered agent not acceptable. (NOTE: Registered Agent signature required when reinstating)		DATE <u>2/26/08</u>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D SCIRARD, J. BRANTLEY JR 5404 EAGLE DR FT PIERCE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Amber Murphy 10896 Mueller Rd. Ft. Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO MUNYAN, SUSAN 8400 PICOS RD FORT PIERCE, FL 34945	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VACHON, RICHARD 10300 MULLER ROAD FT PIERCE, FL 34945	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, ROBERT J 2650 KINGS HWY FT PIERCE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAUL, DRISCOLL JR 2709 ROBIN ST FORT PIERCE, FL 34982	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKE, ADAMS 25501 ORANGE AVE FORT PIERCE, FL 34945	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, which is other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>3/25/08</u>		

66005152



02052008 Chg-NP CR2E037 (12/06)