

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790452

FILED
Feb 17, 2009
Secretary of State

Entity Name: ST. LUCIE COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

3327 ORANGE AVE.
FT. PIERCE, FL 349473561

New Principal Place of Business:

Current Mailing Address:

3327 ORANGE AVE.
FT. PIERCE, FL 349473561

New Mailing Address:

FEI Number: 59-0830043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNYAN, DAVID
3524 ELEVEN MILE RD.
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCIRARD, J. BRANTLEY JR
Address: 5404 EAGLE DR
City-St-Zip: FT PIERCE, FL

Title: TD () Delete
Name: MUNYAN, SUSAN
Address: 8400 PICOS RD
City-St-Zip: FORT PIERCE, FL 34945

Title: D () Delete
Name: VACHON, RICHARD
Address: 10300 MULLER ROAD
City-St-Zip: FT PIERCE, FL 34945

Title: VP () Delete
Name: JOHNSON, ROBERT J
Address: 2650 KINGS HWY
City-St-Zip: FT PIERCE, FL

Title: S () Delete
Name: PAUL, DRISCOLL JR
Address: 2709 ROBIN ST
City-St-Zip: FORT PIERCE, FL 34982 US

Title: D () Delete
Name: MIKE, ADAMS
Address: 25501 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: AMBER, MURPHY
Address: 10896 MULLER RD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 MUNYAN

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date