

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:35

DOCUMENT # 790631 (6)

1. Corporation Name
MARTIN COUNTY FARM BUREAU, LAA

Principal Place of Business Mailing Address
2227 S. KANNER HWY 2227 S. KANNER HWY
STUART FL 34994 STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1950 3a. Date of Last Report 02/15/1994
4. FEI Number 59-6177729 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
LEIGHTON, JOHN
1072 SW. 37TH TERRACE
PALM CITY FL 34990

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee # applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RINKER, RONNIE
STREET ADDRESS	1830 LOCKS RD.
CITY-ST-ZIP	STUART FL 34997
TITLE	D
NAME	LEIGHTON, JOHN
STREET ADDRESS	1072 SW 37TH TER.
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	V
NAME	HOGAN, BARBARA
STREET ADDRESS	5143 SE BLUE HERON LN.
CITY-ST-ZIP	STUART FL 34997
TITLE	D
NAME	MINEAR, JUDSON
STREET ADDRESS	5901 SW 48TH AVE.
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	D
NAME	WHITTY, ROBERT
STREET ADDRESS	2814 SE DIXIE HWY
CITY-ST-ZIP	STUART FL 34990
TITLE	D
NAME	TAYLOR, WILLIAM
STREET ADDRESS	PO BOX 37 N/A
CITY-ST-ZIP	INDIANTOWN FL 34950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JUDSON MINEAR *Judson Minear, Treas.* 1-24-95 286-1038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #