
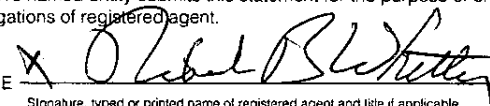
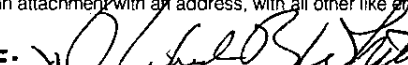


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90012 016 ****61.25

| | | | | | |
|---|---------------------|---|---|--|--|
| DOCUMENT # 790631 1. Entity Name MARTIN COUNTY FARM BUREAU, LAA | | | |  | |
| Principal Place of Business 2227 S. KANNER HWY STUART FL 34994 | | | | Mailing Address 2227 S. KANNER HWY STUART FL 34994 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| WHITTY, ROBERT 231 INDAIN GROVE DR STUART FL 34994 | | | | 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | Robert Whitty, Treas. 1-26-2004 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SLAY, JAMES A JR. | | NAME | | |
| STREET ADDRESS | 18316 SW FARM ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | INDIANTOWN FL 34956 | | CITY-ST-ZIP | | |
| TITLE | VP | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LONG, JOHN SCOTT | | NAME | | |
| STREET ADDRESS | PO BOX 938 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM CITY FL 34991 | | CITY-ST-ZIP | | |
| TITLE | T | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WHITTY, ROBERT | | NAME | | |
| STREET ADDRESS | 231 INDIAN GROVE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL 34994 | | CITY-ST-ZIP | | |
| TITLE | D | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MINDAR, JUDSON | | NAME | Secretary | |
| STREET ADDRESS | 2227 S KANNER HWY | | STREET ADDRESS | Michelle Siefker | |
| CITY-ST-ZIP | STUART FL 34994 | | CITY-ST-ZIP | 15952 SW Morgan St. | |
| TITLE | D | | TITLE | Indiantown, FL 34956 | |
| NAME | NISSEN, ERIC | | NAME | | |
| STREET ADDRESS | PO BOX 573 | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOBE SOUND FL 33475 | | CITY-ST-ZIP | | |
| TITLE | D | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCARBOROUGH, JOHN | | NAME | | |
| STREET ADDRESS | P O BOX 1746 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JUPITER FL 33468 | | 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:  | | | Robert Whitty, Treas. 1-26-2004 772-286-1038 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |