



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90020 025 ****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
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITTY, ROBERT 231 INDIAN 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAY, JAMES A JR.		NAME	NISSEN, ERIC	
STREET ADDRESS	18316 SW FARM ROAD		STREET ADDRESS	PO BOX 573	
CITY-ST-ZIP	INDIANTOWN, FL 34958		CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	VP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEFKER, MICHELLE		NAME		
STREET ADDRESS	15952 SW MORGAN ST		STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN, FL 34958		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISSEN, ERIC		NAME	SNYDER, ROBERT S.	
STREET ADDRESS	PO BOX 573		STREET ADDRESS	3151 S. KANNER HWY	
CITY-ST-ZIP	HOBE SOUND, FL 33475		CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Delete	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: 		TREASURER 1/21/05		Date _____ Daytime Phone # _____	