

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90038 020 ****61.25

4010100-



07122006 Chg-NP CR2E037 (4/06)

DOCUMENT # 790631			
1. Entity Name MARTIN COUNTY FARM BUREAU, LAA		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
4. FEI Number 59-6177729		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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: <u>ROBERT WHITTY, TREASURER</u>		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P NISSEN, ERIC PO BOX 573 HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT SNYDER 3151 S KANNER HWY STUART, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, JOHN SCOTT PO BOX 938 PALM CITY, FL 34991 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHELLE SIEFKER 15952 SW MORGAN ST INDIANTOWN, FL 34956 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITTY, ROBERT 231 INDIAN GROVE DR STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIEFKER, MICHELLE 15952 SW MORGAN ST INDIANTOWN, FL 34956 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONNIE HILL 6851 SW SPRINGHAVEN AVE INDIANTOWN, FL 34956 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, ROBERT S 3151 S KANNER HWY STUART, FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIC NISSEN PO BOX 573 HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARBOROUGH, JOHN P O BOX 1746 JUPITER, FL 33468 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.			
SIGNATURE: <u>ROBERT WHITTY</u>		SIGNATURE: <u>ROBERT WHITTY, TREASURER</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 772-286-1038	