

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 790631

Entity Name: MARTIN COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

2227 S. KANNER HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2227 S. KANNER HWY
STUART, FL 34994

New Mailing Address:

FEI Number: 59-6177729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, JOHN S
4795 SW COUNTRY PLACE
PALM CITY, FL 34990 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: P () Delete
Name: SNYDER, ROBERT
Address: 3151 SOUTH KANNER HWY
City-St-Zip: STUART, FL 34994

Title: VP () Delete
Name: SIEFKER, MICHELLE
Address: 15952 SW MORGAN ST
City-St-Zip: INDIANTOWN, FL 34956

Title: T () Delete
Name: LONG, JOHN S
Address: 4795 SW COUNTRY PLACE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: TAYLOR, WILLIAM
Address: 5994 SW MARKEL STREET
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: NISSEN, ERIC
Address: PO BOX 573
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: HAGGERTY, TINA
Address: 6787 SW 33RD STREET
City-St-Zip: PALM CITY, FL 34990

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

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: JOHN LONG

Electronic Signature of Signing Officer or Director

RA

01/23/2009

Date