

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790631

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** MARTIN COUNTY FARM BUREAU, LAA

**Current Principal Place of Business:**

506 S.W. FEDERAL HWY., STE 102  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

506 S.W. FEDERAL HWY., STE 102  
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: D  
Name: SNYDER, ROBERT  
Address: 3151 SOUTH KANNER HWY  
City-St-Zip: STUART, FL 34994

Title: D  
Name: SIEFKER, MICHELLE  
Address: 15952 SW MORGAN ST  
City-St-Zip: INDIANTOWN, FL 34956

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

Title: P  
Name: TAYLOR, WILLIAM  
Address: 5994 SW MARKEL STREET  
City-St-Zip: PALM CITY, FL 34990

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM TAYLOR

P

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date