

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **790635** (7)

1. Corporation Name

PALM BEACH COUNTY FARM BUREAU LAA



Principal Place of Business

Mailing Address

**13121 N MILITARY TRAIL
DELRAY BCH FL 33484**

**13121 N MILITARY TRAIL
DELRAY BCH FL 33484**

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0723473

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, LEONARD
310 SE 1ST
SUITE 1
DELRAY BEACH FL 33483**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **V**
MACHEK, RICHARD
STREET ADDRESS **17 NW 16TH ST**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **D**
BOWMAN, DICK
STREET ADDRESS **RT 1 BOX 297**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **D**
CROWELL, DENNIS
STREET ADDRESS **10160 DENOEU RD**
CITY - ST - ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME **D**
VANDERLAAN, DAN
STREET ADDRESS **7252 S MILITARY TRAIL**
CITY - ST - ZIP **LAKE WORTH FL**

TITLE ☐ DELETE

NAME **ST**
DELL, BONNI
STREET ADDRESS **3907 LOWSON BLVD**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **D**
HALEY, VAL JEAN
STREET ADDRESS **10932 GLENEAGLES RD**
CITY - ST - ZIP **BOYNTON BEACH FL**

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leonard E. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407 498-5200
Daytime Phone #

CR2E037 (12/95)