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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790635

1. Corporation Name

PALM BEACH COUNTY FARM BUREAU LAA

Principal Place of Business

13121 N MILITARY TRAIL
DELRAY BCH FL 33484

Mailing Address

13121 N MILITARY TRAIL
DELRAY BCH FL 33484



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/12/1967

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

9. Name and Address of Current Registered Agent

WEBB, EVA
16700 W EPSON DRIVE
SUITE 1
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name **Cary Braswell**
82 Street Address (P.O. Box Number is Not Acceptable)
5730 Flavor Rd
83
84 City **Boynton Bch** FL 85 Zip Code **33436**

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 **Cary Braswell Pres.** DATE **4-15-99**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MACHEK, RICHARD**
STREET ADDRESS **17 NW 16TH ST**
CITY-ST-ZIP **DELRAY BEACH FL**

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ 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 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 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, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 561 4835200
Date Daytime Phone #

CR2E037 (11/98)