2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 02, 2004 8:00 am **Secretary of State DOCUMENT # 790635** 1. Entity Name 03-02-2004 90016 048 ****61.25 PALM BEACH COUNTY FARM BUREAU LAA Principal Place of Business Mailing Address 13121 N MILITARY TRAIL 13121 N MILITARY TRAIL DELRAY BCH FL 33484 54013703 DELRAY BCH FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-0723473 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRASWELL, CARY 12549 OAK RUN CT Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH FL 33436-6149 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. OTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ☐ Change Addition MACHEK, RICHARD NAME NAME 17 NW 16TH ST STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE BOWMAN, DICK NAME 14339 Smith Sundy Rd RT 1 BOX 297 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE DELL, BONNI-NAME NAME 3907 LOWSON BLVD STREET ADORESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HALEY, VAL JEAN NAME NAME 10932 GLENEAGLES RD STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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.

BODNIE L. DEll

SIGNATURE:

FILED

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