

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 # 790636 (5)
1. Corporation Name
WESTERN PALM BEACH COUNTY FARM BUREAU, LAA



Principal Place of Business
3019 STATE ROAD 15
BELLE GLADE FL 33430
US

Mailing Address
3019 HOOKER HIGHWAY
BELLE GLADE FL 33430

3. Date Incorporated or Qualified 07/24/1950
3a. Date of Last Report 01/30/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0865201	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc. SUITE #5	26 Suite, Apt. #, etc. SUITE #5	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

ROTH JR, RAYMOND R
14785 HORSESHOE TRACE
W PALM BCH FL 33414

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, RAY	
STREET ADDRESS	STATE ROAD 70	
CITY-ST-ZIP	CANAL POINT FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ORSENIGO, PAUL	
STREET ADDRESS	709 N E 3RD ST	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KORBLY, CRAIG	
STREET ADDRESS	322 N E 7TH ST	
CITY-ST-ZIP	BELLE GRADE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATE, CRAIG D	
STREET ADDRESS	841 S E 3RD ST	
CITY-ST-ZIP	BELLE GRADE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMONSON, DAVID	
STREET ADDRESS	1081 BACOMN PT RD	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LARSEN, KARL	
STREET ADDRESS	1001 SE 2ND ST	
CITY-ST-ZIP	BELLE GLADE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANN HOLT	
1.3 STREET ADDRESS	457 OLD COUNTRY RD.	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWIN JONES	
2.3 STREET ADDRESS	1135 GARDEN PLACE	
2.4 CITY-ST-ZIP	PAHOKEE, FL	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAYMOND R. ROTH, JR.	
3.3 STREET ADDRESS	14785 HORSESHOE TRACE	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
4.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Benn's wedgworth	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK ROTH - RAYMOND R. ROTH, JR.

4/12/96

Date

(407) 924-3493

Daytime Phone #

CR2E037 (12/95)