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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 790636

1. Corporation Name

WESTERN PALM BEACH COUNTY FARM BUREAU, LAA

Principal Place of Business

3019 STATE ROAD 15
STE 5
BELLE GLADE FL 33430
US

Mailing Address

3019 STATE RD 15
STE 5
BELLE GLADE FL 33430
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/24/1950

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-0865201

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSEN, KARL
1001 SE 2ND STREET
BELLE GLADE FL 33430

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HOLT, ANN
STREET ADDRESS 457 OLD COUNTRY RD
CITY-ST-ZIP W PALM BCH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME JONES, EDWIN
STREET ADDRESS 1135 GARDEN PLACE
CITY-ST-ZIP PAHOKEE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PATE, CRAIG
STREET ADDRESS 841 SE 3RD STREET
CITY-ST-ZIP BELLE GLADE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME WEDGWORTH, DENNIS
STREET ADDRESS 13643 STAMFORD DR
CITY-ST-ZIP WELLINGTON FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SIMONSON, DAVID
STREET ADDRESS 1081 BACOM POINT RD
CITY-ST-ZIP PAHOKEE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME LARSEN, KARL
STREET ADDRESS 1001 SE 2ND ST
CITY-ST-ZIP BELLE GLADE FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-99

561/996-0343

Date

Daytime Phone #

CR2E037 (1/98)