
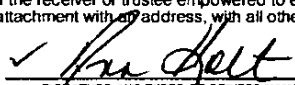


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90972 004 ****61.25

DOCUMENT # 790636 1. Entity 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 FLA, 33430 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0865201	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLT, ANN 457 OLD COUNTRY RD WEST PALM BEACH, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLT, ANN <input type="checkbox"/> Delete 457 OLD COUNTRY RD WEST PALM BEACH, FL 33414				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATE, CRAIG <input type="checkbox"/> Delete 209 S. MAIN ST BELLE GLADE, FL 33430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SODDERS, MARK <input checked="" type="checkbox"/> Delete 917 IRONWOOD RD NORTH PALM BEACH, FL 33408				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIELOZNY, STEVE <input type="checkbox"/> Delete 108 SOUTHEAST AVENUE D BELLE GLADE, FL 33430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKINSTRY, BUDDY <input type="checkbox"/> Delete 4060 ROYAL PALM BEACH BLVD. WEST PALM BEACH, FL 33411				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARRADO, RUDY <input type="checkbox"/> Delete 723 BLUEBERRY DRIVE WELLINGTON, FL 33414				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANN HOLT					
Date: 4/17/05 Daytime Phone #: (561) 996-0343					