


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # 790636 1. Entity Name WESTERN PALM BEACH COUNTY FARM BUREAU, LAA	
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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
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DO NOT WRITE IN THIS SPACE



02172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0865201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLT, ANN 457 OLD COUNTRY RD WEST PALM BEACH, FL 33414

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IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLT, ANN 457 OLD COUNTRY RD WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN, STEWART 1625 WEDGEWORTH RD BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRILOZNY, STEVE 108 SOUTHEAST AVENUE D BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKINSTRY, BUDDY 4060 ROYAL PALM BEACH BLVD. WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SODDERS, MARK 505 GREENWAY DR. NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000857205
03/31/08-80005-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ann Holt* 3-7-08 54-996-0343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #