2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# 790636

Entity Name: WESTERN PALM BEACH COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

3019 STATE ROAD 15
STE 5
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

3019 STATE RD 15
STE 5
BELLE GLADE FLA, 33430 US

New Mailing Address:

3019 STATE ROAD 15
STE 5
BELLE GLADE, FL 33430 US

FEI Number: 59-0865201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLT, ANN
457 OLD COUNTRY RD
WEST PALM BEACH, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HOLT, ANN	
Address:	457 OLD COUNTRY RD	
City-St-Zip:	WEST PALM BEACH, FL 33414	
Title:	S	( ) Delete
Name:	STEIN, STEWART	
Address:	1625 WEDGEWORTH RD	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	VP	( ) Delete
Name:	PRIELOZNY, STEVE	
Address:	108 SOUTHEAST AVENUE D	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	VP	( ) Delete
Name:	MCKINSTRY, BUDDY	
Address:	4060 ROYAL PALM BEACH BLVD.	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	T	( ) Delete
Name:	SODDERS, MARK	
Address:	505 GREENWAY DR.	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN HOLT PRES 01/25/2009
Electronic Signature of Signing Officer or Director — Date