


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790792 (6)

1. Corporation Name

INDIAN RIVER COUNTY FARM BUREAU, A LIMITED AGRIC
ULTURAL ASSOCIATION

Principal Place of Business

Mailing Address

1120 20TH ST.
VERO BEACH FL 32960

1120 20TH PLACE
VERO BEACH FL 32960-5362
US

3. Date Incorporated or Qualified
06/12/1967

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

NOT APPLICABLE

Applied For

X Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEXTON, RALPH
8005 37TH ST.
VERO BEACH FL 32966

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME BARKER, WILLIAM H
STREET ADDRESS 6885 20TH ST.
CITY-ST-ZIP VERO BEACH FL

TITLE P ☐ DELETE

NAME SEXTON, RALPH
STREET ADDRESS 8005 37TH STREET
CITY-ST-ZIP VERO BEACH FL

TITLE VP ☐ DELETE

NAME PRESSLEY, MICHAEL
STREET ADDRESS 4500 BLUE CYPRESS ROAD
CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ DELETE

NAME WALKER, TOM
STREET ADDRESS 6825 37TH STREET
CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ DELETE

NAME ADAMS, FRANCES
STREET ADDRESS 11550 COUNTY ROAD 507
CITY-ST-ZIP FELLSMERE FL

TITLE D ☐ DELETE

NAME PRESSLEY, GARY
STREET ADDRESS 4505 BLUE CYPRESS ROAD
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE S ☐ Change ☒ Addition

1.2 NAME Lambeth, Scott W.
1.3 STREET ADDRESS P.O. Box 2488 - N/A
1.4 CITY-ST-ZIP Vero Beach, FL. 32961-2488

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME Michael, Gordon
2.3 STREET ADDRESS 2655 69th Street
2.4 CITY-ST-ZIP Vero Beach, FL. 32967-5702

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Leary, Patrick
3.3 STREET ADDRESS 7735 County Road 512
3.4 CITY-ST-ZIP Fellsmere, FL. 32948-7803

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Lier, Peter
4.3 STREET ADDRESS 2 Michael Creek Drive
4.4 CITY-ST-ZIP Vero Beach, FL. 32963-4103

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Shinn, Charles M. III
5.3 STREET ADDRESS 769 14th Square
5.4 CITY-ST-ZIP Vero Beach, FL. 32962

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Bass, Jeff
6.3 STREET ADDRESS P.O. Box 277 - N/A
6.4 CITY-ST-ZIP Vero Beach, FL. 32962

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in s. 617.0501, Florida Statutes, and I 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.


SIGNATURE:

Ralph W. Sexton

1/13/97 (56) 522 2301

CR2E037 (9/96)

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1. Corporation Name

INDIAN RIVER COUNTY FARM BUREAU, A LIMITED AGRIC
ULTURAL ASSOCIATION



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3. Date Incorporated or Qualified 06/12/1967	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number NOT APPLICABLE Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEXTON, RALPH
8005 37TH ST.
VERO BEACH FL 32966

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKER, WILLIAM H	1.2 NAME	Jones, Edward L.
STREET ADDRESS	6885 20TH ST.	1.3 STREET ADDRESS	1010 - 66th Avenue
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, Fl. 32966-1129
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEXTON, RALPH	2.2 NAME	Greene, Janie
STREET ADDRESS	8005 37TH STREET	2.3 STREET ADDRESS	1050 - 31st Avenue
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, Fl. 32960-4096
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESSLEY, MICHAEL	3.2 NAME	
STREET ADDRESS	4500 BLUE CYPRESS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, TOM	4.2 NAME	
STREET ADDRESS	6825 37TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, FRANCES	5.2 NAME	
STREET ADDRESS	11550 COUNTY ROAD 507	5.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESSLEY, GARY	6.2 NAME	
STREET ADDRESS	4505 BLUE CYPRESS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 (SU) 362-2301

Date

Daytime Phone # 0020576