


**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90089 033 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 790792**

1. Corporation Name

**INDIAN RIVER COUNTY FARM BUREAU, A LIMITED AGRIC  
 ULTRAL ASSOCIATION**

Principal Place of Business

 1120 20TH ST.  
 VERO BEACH FL 32960  
 US

Mailing Address

 1120 20TH PLACE  
 VERO BEACH FL 32960  
 US


2. Principal Place of Business (Please correct) 21 1120 20th Place Suite, Apt. #, etc. 22 City & State Vero Beach, Fl 23 Zip 32960 24 Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 06/12/1967 4. FEI Number 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
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9. Name and Address of Current Registered Agent

 PRESSLEY, MICHAEL  
 4500 BLUE CYPRESS ROAD  
 VERO BEACH FL 32968

10. Name and Address of New Registered Agent

 81 Name  
 Scott W. Lambeth  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 P.O. Box 2488 (N/A)  
 83 City  
 505 - 66th Ave., S.W.  
 84 City  
 Vero Beach, FL  
 85 Zip Code  
 32961-2488

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: *Scott W. Lambeth* President 1/18/99  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAMBETH, SCOTT W		1.2 NAME Scott W. Lambeth	
STREET ADDRESS P.O. BOX 2488 N/A		1.3 STREET ADDRESS P.O. Box 2488 (N/A)	
CITY-ST-ZIP VERO BEACH FL 32966		1.4 CITY-ST-ZIP Vero Beach, FL 32961-2488	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHINN, CHARLES M. III		2.2 NAME Mark Sanchez	
STREET ADDRESS 769 24TH SQUARE		2.3 STREET ADDRESS 7735 County Road 512	
CITY-ST-ZIP VERO BEACH FL 32962		2.4 CITY-ST-ZIP Fellsmere, FL 32948-7803	
TITLE P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PRESSLEY, MICHAEL		3.2 NAME Jeff Bass	
STREET ADDRESS 4500 BLUE CYPRESS ROAD		3.3 STREET ADDRESS P.O. Box 277 (N/A)	
CITY-ST-ZIP VERO BEACH FL 32966		3.4 CITY-ST-ZIP Wabasso, FL 32970-0277	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MICHAEL, GORDON		4.2 NAME Robert D. Tripson	
STREET ADDRESS 2655-69TH STREET		4.3 STREET ADDRESS 5020 12th Street	
CITY-ST-ZIP VERO BEACH FL 32967		4.4 CITY-ST-ZIP Vero Beach, FL 32966-4703	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEARY, PATRICK		5.2 NAME Julie Lier	
STREET ADDRESS 935-52ND AVENUE		5.3 STREET ADDRESS 2 Michael Creek Drive	
CITY-ST-ZIP FELLSMERE FL 32966		5.4 CITY-ST-ZIP Vero Beach, FL 32963-4105	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PRESSLEY, GARY		6.2 NAME Don Niehaus	
STREET ADDRESS 4505 BLUE CYPRESS ROAD		6.3 STREET ADDRESS 7380 61st Street	
CITY-ST-ZIP VERO BEACH FL		6.4 CITY-ST-ZIP Vero Beach, FL 32967-4903	

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: *Scott W. Lambeth* President 1/18/99 561-562-4119  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)