


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90037 027 ****61.25

DOCUMENT # 790792 1. Entity Name INDIAN RIVER COUNTY FARM BUREAU, A LIMITED AGRICULTURAL ASSOCIATION					
Principal Place of Business 1120 -20TH PLACE VERO BEACH, FL 32960 US			Mailing Address 1120 -20TH PLACE VERO BEACH, FL 32960 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State City State		City & State City State			
Zip Zip	Country Country	Zip Zip	Country Country	4. FEI Number 59-0931515	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPSON, JIMMY 4725 70TH TERR VERO BEACH, FL 32967			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME SIMPSON, JIMM		TITLE Director	NAME Rogers, J. Faye	
STREET ADDRESS 4725 70TH TERR	VERO BEACH, FL 32967		STREET ADDRESS 1845 46th Ave	VERO BEACH, FL 32966	
TITLE VP	NAME GUNTER, DAVID E JR		TITLE Treasurer	NAME Nicholas A. Morris	
STREET ADDRESS 1716 36TH AVE	VERO BEACH, FL 32960		STREET ADDRESS 144-40th Court	VERO BEACH, FL 32968-2442	
TITLE T	NAME ROGERS, J. FAYE		TITLE 	NAME 	
STREET ADDRESS 1845 46TH AVENUE	VERO BEACH, FL 32966		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME LILLIE, MIKE		TITLE 	NAME 	
STREET ADDRESS 1820 OCEAN BREEZE STREET	SEBASTIAN, FL 32958		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME TRIPSON, ROBERT		TITLE 	NAME 	
STREET ADDRESS 4990 11TH LN	VERO BEACH, FL 32966		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME BYNUM, JERRY K		TITLE 	NAME 	
STREET ADDRESS 22200 STATE ROAD 60	VERO BEACH, FL 32966		STREET ADDRESS 	CITY-ST-ZIP 	
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: _____			2-15-08 772-562-4119		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		