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**Mar 16, 1999 8:00 am**
**Secretary of State**
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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # 791092

1. Corporation Name
**BREVARD COUNTY FARM BUREAU LAA**

| Principal Place of Business | Mailing Address |
|---|---|
| 111 VIRGINIA AVENUE<br>COCOA FL 32922 | 111 VIRGINIA AVENUE<br>COCOA FL 32922 |

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualifed: 05/29/1979

4. FEI Number: 59-0857810 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CRISAFULLI, BUD
5525 N. COURTENAY
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VP | ☐ DELETE | 1.1 TITLE | President | ☑ Change ☐ Addition |
| NAME | CRISAFULLI, BUD | | 1.2 NAME | | |
| STREET ADDRESS | 5525 N. COURTENAY PKWY | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☑ DELETE | 2.1 TITLE | Secretary | ☐ Change ☑ Addition |
| NAME | PLATT, CARLYLE F | | 2.2 NAME | Joy Satcher | |
| STREET ADDRESS | 2200 SIMON ROAD | | 2.3 STREET ADDRESS | 148 Esther Dr. | |
| CITY-ST-ZIP | MELBOURNE FL 32904 | | 2.4 CITY-ST-ZIP | Cocoa Beach, FL 32931 | |
| TITLE | D | ☑ DELETE | 3.1 TITLE | Treasurer | ☐ Change ☑ Addition |
| NAME | WILLIAMS, PAUL | | 3.2 NAME | Frank Judd | |
| STREET ADDRESS | 1400 GARVEY RD. | | 3.3 STREET ADDRESS | 6150 Kempfer Rd. | |
| CITY-ST-ZIP | PALM BAY FL 32907 | | 3.4 CITY-ST-ZIP | St. Cloud, FL 34773 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CRAMER, CONRAD | | 4. 2 NAME | | |
| STREET ADDRESS | 618 RIDGEWOOD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA FL 32922 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☑ DELETE | 5.1 TITLE | Director | ☐ Change ☑ Addition |
| NAME | KEEMPFER, REED | | 5.2 NAME | Phyllis Woodford | |
| STREET ADDRESS | 6254 KEMPFER RD. | | 5.3 STREET ADDRESS | 9520 S. Tropical Trail | |
| CITY-ST-ZIP | ST. CLOUD FL 34773 | | 5.4 CITY-ST-ZIP | Merritt Island, FL 32952 | |
| TITLE | D | ☑ DELETE | 6.1 TITLE | Director | ☐ Change ☑ Addition |
| NAME | TUCKER, ANDREW | | 6.2 NAME | David Willis | |
| STREET ADDRESS | 4115 S. FISKE BLVD. | | 6.3 STREET ADDRESS | 5300 Oxen trail | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | | 6.4 CITY-ST-ZIP | Rockledge, FL 32955 | |

CR2E037 (1/1/98)

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:** Bud Crisafulli / Pres. 3-16-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #