


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 791092	
1. Entity Name BREVARD COUNTY FARM BUREAU LAA	

Principal Place of Business 111 VIRGINIA AVENUE COCOA, FL 32922	Mailing Address 111 VIRGINIA AVENUE COCOA, FL 32922
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0857810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRISAFULLI, STEVEN 5525 N. COURTENAY MERRITT ISLAND, FL 32953
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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 file if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SCHULLER, TOM PO BOX 457 SCOTTSMOOR, FL 32775
TITLE NAME STREET ADDRESS CITY ST ZIP	S KEMPFFER, JIMMY 6254 KEMPFFER RD SAINT CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY ST ZIP	T JUDD, FRANK 6150 KEMPFFER RD ST CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY ST ZIP	D TURNER, JERRY 952 TAMARIND CR ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY ST ZIP	D PLATT, DOUG 3300 SAND GULLY DR MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY ST ZIP	P CRISAFULLI, STEPHEN 5525 COURTNEY PKWY MERRITT ISLAND, FL 32953

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01/29/05-80060-013 61.25

12. 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-25-05</u>	Daytime Phone # _____
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