


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90030 005 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0857810	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CRISAFULLI, STEVEN 5525 N. COURTENAY MERRITT ISLAND, FL 32953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when containing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHULLER, TOM <input type="checkbox"/> Delete PO BOX 457 SCOTTSMOOR, FL 32775				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KEMPFFER, JIMMY <input type="checkbox"/> Delete 6254 KEMPFFER RD SAINT CLOUD, FL 34773				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JUDD, FRANK <input type="checkbox"/> Delete 8150 KEMPFFER RD ST CLOUD, FL 34773				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURNER, JERRY <input type="checkbox"/> Delete 952 TAMARIND CR ROCKLEDGE, FL 32955				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLATT, DOUG <input type="checkbox"/> Delete 3300 SAND GULLY DR MELBOURNE, FL 32904				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRISAFULLI, STEPHEN <input type="checkbox"/> Delete 5525 COURTNEY PKWY MERRITT ISLAND, FL 32953				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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 I/we empowered.					
SIGNATURE: _____ <i>[Signature]</i> 01/05/2006 321 436 436 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					