

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791092

FILED
Feb 18, 2009
Secretary of State

Entity Name: BREVARD COUNTY FARM BUREAU LAA

Current Principal Place of Business:

111 VIRGINIA AVENUE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

111 VIRGINIA AVENUE
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-0857810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISAFULLI, STEVEN
5525 N. COURTENAY
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

CRISAFULLI, STEPHEN
5525 N. COURTENAY
MERRITT ISLAND, FL 32953 US

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.

SIGNATURE: STEPHEN CRISAFULLI

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHULLER, TOM
Address: PO BOX 457
City-St-Zip: SCOTTSMOOR, FL 32775

Title: V () Delete
Name: KEMPFER, JIMMY
Address: 6254 KEMPFER RD
City-St-Zip: SAINT CLOUD, FL 34773

Title: D () Delete
Name: BUD, CRISAFUCCI
Address: 5525 N. COURTENAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: REEDD, KEMPFER
Address: 6254 KEMPFER RD
City-St-Zip: SAINT CLOUD, FL 34773

Title: D () Delete
Name: PLATT, DOUG
Address: 3300 SAND GULLY DR
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: CRISAFULLI, STEPHEN
Address: 5525 COURTNEY PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BUD, CRISAFULLI
Address: 5525 N. COURTENAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D (X) Change () Addition
Name: REED, KEMPFER
Address: 6254 KEMPFER RD
City-St-Zip: SAINT CLOUD, FL 34773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN CRISAFULLI

RA

02/18/2009

Electronic Signature of Signing Officer or Director

Date