2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# 791092

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: REED, KEMPFER
Address: 6254 KEMPFER RD
City-St-Zip: SAINT CLOUD, FL 34773

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

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

I hereby 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 all other like empowered.

SIGNATURE: TOM SCHULLER PRES 04/05/2010

Electronic Signature of Signing Officer or Director — Date