

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 791092

**FILED**  
**Feb 15, 2011**  
**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, 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

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date