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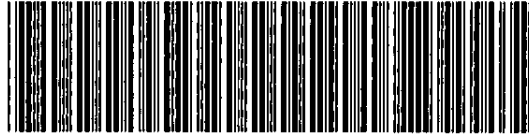
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6 Taddock NOV 20 2012



BREVARD COUNTY FARM BUREAU

111 Virginia Avenue • Cocoa, FL 32922
Phone: 321/636-4361 • Fax: 321/632-2858

November 14, 2012

Registration Section
Division of Corporations
Attn: Brenda Tadlock
PO BOX 6327
Tallahassee, FL. 32314

Dear Mrs. Tadlock,

Please find enclosed our Brevard County Farm Bureau Articles of Incorporation and Certificate of Conversion. Additionally, I have enclosed a check in the amount of \$105.00. Please let me know if you should have any questions or concerns, or if you should need anything further.

Sincerely,

A handwritten signature in black ink that reads "Misty Adams". The signature is written in a cursive, flowing style.

Misty Adams
County Secretary

Certificate of Conversion

For

Limited Agricultural Association into Florida Not For Profit Corporation

This Certificate of Conversion and **attached Articles of Incorporation** are submitted to convert the following **Limited Agricultural Association into a Florida Not For Profit Corporation** in accordance with Sections 604.14 and 617.1809, Florida Statutes.

1. The name of the Limited Agricultural Association immediately prior to the filing of this Certificate of Conversion is **Brevard County Farm Bureau, LAA.** 791092
2. The Limited Agricultural Association was initially formed under ss.604.09-604.14, Florida Statutes, on **May 29, 1979.**
3. The name of the Florida Profit Not For Profit Corporation as set forth in the **attached Articles of Incorporation** is **Brevard County Farm Bureau, Inc.**
4. **FEI/EIN Number:** 590857810 **Email Address:** Misty.Adams@fflb.com
5. If not effective on the date of filing, enter the effective date: _____

Signed this 16 day of October, 2012

Required Signature for Florida Not For Profit Corporation: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Incorporator: Thomas P. Schuller

Printed Name: THOMAS P. SCHULLER Title: President

Signature(s) of all person(s) required by Limited Agricultural Association's Articles of Association or Bylaws:

Signature: Thomas P. Schuller

Printed Name: THOMAS P. SCHULLER

Address: PO Box 451 Scottsbrook FL 32775

Title: President

Signature: David Yates

Printed Name: DAVID YATES

Address: PO Box 11593 Palm Bay Fla 32911-11593

Title: Vice President

Signature: David Webb David Webb
Printed Name: _____
Address: 6990 Beard Ave Cocoa, FL 32927
Title: Secretary

Signature: Daniel H. Skousen
Printed Name: Daniel H. Skousen
Address: 3640 Buckstrand Ln St. Cloud, FL 34773
Title: Treasurer

Signature: Reed Kempfer
Printed Name: Reed Kempfer
Address: 6175 Kempfer Rd St Cloud FL 34773
Title: Director

Signature: James Kenner
Printed Name: James Kenner
Address: 13145 Centre St. St. Cloud FL 34773
Title: Director

Signature: Bonnie Martin
Printed Name: Bonnie Martin
Address: 4440 Nair Farm Rd Melb, FL 32934
Title: Director

Signature: Ronnie Nall
Printed Name: Ronnie Nall
Address: PO Box 3600 S4 Melb FL 32930
Title: Director

Signature: Bud Crisofulli
Printed Name: Bud Crisofulli
Address: 5525 N. Courtney Hwy M.F. 11A
Title: Director

Signature: David Yates
Printed Name: David Yates
Address: P.O. Box 111593 Palm Bay Fla 32911-1593
Title: Director

Signature: Daniel H. Skousen
Printed Name: Daniel H. Skousen
Address: 3640 Buckstrand Ln St. Cloud FL 34773
Title: Director

Signature: ESS
Printed Name: STEVE CRISAFULLI
Address: 5525 N. COURTENAY PARK, MERITT ISLAND, FL 32953
Title: Director

Signature: Laurie T Schuller
Printed Name: Laurie T. Schuller
Address: P.O. Box 457, Scottsboro, AL 32775
Title: Director

Signature: J. Marc Bass
Printed Name: J MARC BASS
Address: 20055 NW 176 AVE OKEECHOBEE FL. 34972
Title: Director

Signature: Ronnie Arnold
Printed Name: Ronnie Arnold
Address: 6700 E 710 Bronson Hwy 34773
Title: Director

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be **BREVARD COUNTY FARM BUREAU, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal Office Address:

111 Virginia Avenue
Cocoa, FL 32922

Mailing Address, if different, is:

Same

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Section 1. To promote, foster and encourage more efficient and progressive agriculture.

Section 2. To enable the farmers and growers of Florida to enjoy the manifold benefits of joint and collective effort.

Section 3. To work for the solution of the problems of the farm, the farm home, and rural community, by the use of recognized advantages of organized action, to the end that those engaged in the various branches of agriculture may have opportunity for happiness and prosperity in their chosen work.

Section 4. To represent, protect and advance the social, economic and educational interests of farmers in Florida.

Section 5. To cooperate with Florida Farm Bureau Federation and through it, with the American Farm Bureau Federation, and with the Agricultural Extension Service in bringing their resources to the farmers of Florida.

Section 6. To do and perform any and all acts and things necessary, proper, convenient or desirable for and to affect the full and complete exercise and enjoyment of any and all of the powers and purposes of the Corporation hereby created.

This Corporation does not contemplate pecuniary gain to the members thereof.

ARTICLE IV DIRECTORS

The property, affairs, business, and operation of the Corporation shall be managed by a Board of Directors, which shall be elected as provided in the Bylaws.

ARTICLE V OFFICERS

The officers of the Board shall consist of a President, a Vice President, a Secretary, a Treasurer, and such other officers as may be elected or appointed. All officers shall be elected or appointed as provided in the Bylaws.

ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

The officers who are to conduct the business of the Corporation until their successors are elected and qualified are as follows:

President and Director THOMAS P. SCHULLER
Address PO Box 457
City, State, Zip SCOTTSMOOR FL 32775

Vice President and Director DAVID YATES
Address PO Box 111593
City, State, Zip PALEMBAY FL 32911-1593

Secretary and Director DAVID WEBB
Address 6490 Beard Ave Cocoa, FL 32922
City, State, Zip _____

Treasurer and Director Daniel H. Skousen
Address 3640 Buckstrand Ln
City, State, Zip Saint Cloud, FL 34773

Director Reel Kumpfer

Address 6175 Kempfer Rd

City, State, Zip St Cloud FL 34773

Director Donna Zund

Address 13145 Centre St.

City, State, Zip St. Cloud FL 34773

Director Bonnie Alanini

Address 4440 Nail Farm Rd

City, State, Zip Melbourne FL 32934

Director Ronnie NAIL

Address PO Box 360054

City, State, Zip Melb FL 32936

Director Bud Crisafulli

Address 5525 N. Citrus Pkwy

City, State, Zip Merritt Island FL 32953

Director David Yates

Address PO Box 111593

City, State, Zip Palm Bay Fla 32911-1593

Director Daniel H. Skousen

Address 3640 Buckstrand Ln

City, State, Zip Saint Cloud, FL 34773

Director STEVE CRISAFULLI

Address 5525 N. CAUSEWAY DR., MERRITT ISLAND, FL 32953

City, State, Zip _____

Director *P* ~~Aura~~ Laurie T. Schuller
Address P O Box 457
City, State, Zip ScottsMOOC, FL 32775

Director J MARK BASS
Address 20055 NW 176 AVE OAKLEIGH
City, State, Zip OAKLEIGH FL 34972

Director Rennie Arnold
Address 12700 E Fido Bronson Hwy
City, State, Zip St. Cloud FL 34773

Director Chris Leather
Address 10002 N. Wickham Rd.
City, State, Zip Melbourne, FL 32940

Director _____
Address _____
City, State, Zip _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the Registered Agent is:

Name: **Thomas P. Schuller**

Florida Street Address: 111 Virginia Avenue
Cocoa, FL 32922

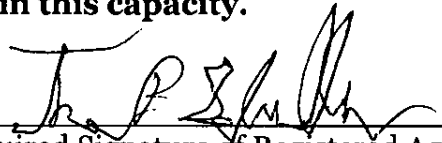
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Thomas P. Schuller**

Florida Street Address: 111 Virginia Avenue
Cocoa, FL 32922

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.




Required Signature of Registered Agent

10/16/12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

10/16/12

Date