1/130000000371

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	7906	36

Office Use Only



700241504207

700241504207 12/27/12-01008--002 **105.00

2013 Jak hor barrent.

SECRETARY OF STATE TALLAHASSEE. FLORID,

Am 1/11/13

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>Certificate of Conversion</u>

For

13 JAN 11 PH 2: 56

Limited Agricultural Association into Florida Not For Profit Corporation

This Certificate of Conversion and <u>attached Articles of Incorporation</u> 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 **Western Palm Beach County Farm Bureau**, **LAA**.
- 2. The Limited Agricultural Association was initially formed under ss.604.09-604.14, Florida Statues, on **July 24, 1950**.
- 3. The name of the Florida Profit Not For Profit Corporation as set forth in the **attached Articles of Incorporation** is **Western Palm Beach County Farm Bureau**, **Inc**.

	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
4. FEI/EIN Number: 590865201 Emai	l Address: Rhonda.McClure@ffbic.com
5. If not effective on the date of filing, enter the ef	
Signed this And Merember day of Werember	, 2012
Required Signature for Florida Not For Profit that the facts stated in this document are true. Any fa felony as provided for in s.817.155, F.S.	lse information constitutes a third degree
Signature of Incorporator:	
Signature of Incorporator: Lutlett Printed Name: Aug Holf	Title:President
Signature(s) of all person(s) required by Limit	ed Agricultural Association's Articles o
Association or Bylaws:	
Signature: hudalt	
Printed Name: ANN Holf	
Address: 457 UN Country R.C. Welli Title: President	<u>Ngton, Ila. 334/4</u>
Title: President	0 /
Signature:	
Printed Name: Stephen Phielany	
Address: 633 N.E. 18 179 St. Bel	de Clale, 71 33430
Title: Vice President	, , , ,

Signature: Maile Villes	
Printed Name: MARIC SODDERS	
Address: 505 GREENWAY DRIVE NPALM SCH 334	10
Title: Secretary	
Signature: Stural Stein	
Printed Name: Stewart Stew	
Address: 7.0, Bgx 878, 86/16 Glade Fc. 33430	
Title: Treasurer-	
Signature:	
Printed Name: John E McKinsty	
Address: Po Box 250 Koxnhatchec F/33470	
Title: Director	
Signature:	
Printed Name: Joul R. Allew O.	
Address: OC. Cox 220 tabelle # 33476	
Title: Director	
a la dicha	
Signature: //www.lfg /uckson	
Printed Name: Kimbe By Erickson	
Address: 13538 US Hwy 441, Canal Point, FL 33438	
Title: Director	
Signature: Keith Wedgworth	
Printed Name: Keith Wedgworth	
Address: P.O. Box 2076 Belle Clade, FL 33430	
Title: Director	
Signature: //www./jt/	
Printed Name: Kick Roth	
Address: 15385 Enstrom Rd Welling for FL 53 414	
Title: Director	
Signature: Anzela K. Case	
Printed Name: Argaela K. Pope	
Address: 104 S. Lake Ave Panokec FL 33496	
Title: Director	
Signature: 1 em & Jane	
Printed Name: PERRY LUYANCE	
Address: 640 SE 7th Drive Belle Glade, FL 33430	
Title: Director	

Signature: Souch
Printed Name: Judy C. Sanchet
Address: 709 NE 2NA Street, Belle Hade, FC 33430
Title: Director
Signature:
Printed Name: (William, 5
Address: 12328 Winghout In #304 Boca Raton F (33433
Title: Director
Signature: O.
Printed Name: DAVID LEIGH JELF
Address: 1021 CORALLITA CT. WELLINGTON, FLA. 33470
Title: Director
Signature: Welawi Petelsw
Title: Director
Signature:
Printed Name: Calau A Jones Ja.
Address: 9659 Kangings Drive, For St. Lucie F 34986
Title: Director

FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit) 3 JAN 11 PM 2: 56

ARTICLE I NAME

The name of the corporation shall be WESTERN PALM BEACH COUNTY FARM BUREAU, INC.

ARTICLE II PRINCIPAL OFFICE

Principal Office Address:

Mailing Address, if different, is:

3019 State Road 15

Same

Suite 5

Belle Glade, FL 33430

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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

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

<u>Section 3</u>. 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.

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

<u>Section 5</u>. 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.

<u>Section 6</u>. 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 ANN Holf	
Address 457 Old Country Rd.	
City, State, Zip Wellington, Ha. 33414	
Vice President and Director Stephen Privosny Address 833 WE 18 TE St. Belle Edg. 7(33)	
Address 833 WE 18 TE St. Belle Ell, 71 33	430
City, State, Zip	
Secretary and Director Stewart Stews Address P.O. Box 678	
City, State, Zip Belle Glade, fe. 33430	
Treasurer and Director MARK T. SODDERS	
Address 505 GREENWAY DRIVE City, State, Zip N. PRLA BEACK FL 33408	
O(t), $O(t)$, $O(t)$	

- Merel I TI E MI I
Director John E. Mckinstry Address Po Box 250 Loxaliles F/ 28476
Address PO DO+ 250 LOXAH+ L-ter F/ 27476
City, State, Zip
Director Paul R. Allen
Address
City, State, Zip
Director Kimberly Erickson Kimberly Erickson
Address 13538 415 Hwy 441
City, State, Zip Canal Point FL 33438
Director Keith Wedgworth
Address <i>P.O. Box</i> 2076
City, State, Zip Belle Glack, Fl 33437
Director Judy C. Sanchet
Address 709 NE 2nd Street
City, State, Zip Belle Hade, FL 33430
Director Carole Williams
Address 6328 W Long boat in #304
City, State, Zip Nova Raton FL33433
Director / lush / talk Rick Roth
Address 15385 Enstrom Old.
City, State, Zip Wellington, FL 33414
Director Angela Hope
Address 104 S. Lake Aire, Patrokee F2 334
City, State, Zip Pahokee, FL 33476

O 14
Director FRRY L'ANCE
Address 6405E 7Hh Dr
City, State, Zip Belle Glade, FL 33430
Director Edwin Jones
Address 91059 Landings Dr.
Address 91059 Landings Dr. City, State, Zip Port St. Lucie, FL 34986
^
Director David Set
Address PO.BOX 1145
City, State, Zip Lonabatchee, FL 33470
,
Director Melanie Peterson
Address PO BOX 480653
City, State, Zip Del Pay Beach, FL 33448

ARTICLE VI REGISTERED AGENT

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

Name: Ann Holt

Florida Street Address:

3019 State Road 15

Suite 5

Belle Glade, FL 33430

ARTICLE VII INCORPORATOR

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

Name: Ann Holt

Florida Street Address:

3019 State Road 15

Suite 5

Belle Glade, FL 33430

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

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

Date