

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009215

**Entity Name:** BROWARD COUNTY FARM BUREAU, INC.

**Current Principal Place of Business:**

2121 N. STATE RD. 7  
MARGATE, FL 33063

**FILED**  
**Apr 09, 2021**  
**Secretary of State**  
**1046180633CC**

**Current Mailing Address:**

2121 N. STATE RD. 7  
MARGATE, FL 33063

**FEI Number: 59-0751653**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SEGAL, FRED  
2121 N. STATE RD. 7  
MARGATE, FL 33063 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SEGAL, FRED  
Address 2121 N. STATE RD. 7  
City-State-Zip: MARGATE FL 33063

Title D  
Name PAUL, JUDITH  
Address 14421 SW 24 ST.  
City-State-Zip: DAVIE FL 33325

Title D  
Name MCCARTNEY, SHELDON  
Address 23388 NW 27 ST  
City-State-Zip: MORRISTON FL 32668

Title SECRETARY, DIRECTOR  
Name WALLACK, CARL  
Address 4103 N 49 AVE  
City-State-Zip: HOLLYWOOD FL 33012

Title DIRECTOR  
Name GRIFFIN, CINDY  
Address 5394 SW 61 AVE  
City-State-Zip: DAVIE FL 33314

Title DIRECTOR  
Name SAVAGE, CHRISTY  
Address 7770 DAVIE ROAD EXTENSION  
City-State-Zip: HOLLYWOOD FL 33024

Title DIRECTOR, TREASURER  
Name ANSELMO, DARREN  
Address 11400 ORANGE DRIVE  
City-State-Zip: DAVIE FL 33330

Title DIRECTOR  
Name FAGAN, MARK  
Address 5985 DEL LAGO CIRCLE  
215  
City-State-Zip: SUNRISE FL 33313

**Continues on page 2**

*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: FRED SEGAL**

**PRESIDENT**

**04/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            NEWMAN, VINCENT  
Address        6401 GARFIELD STREET  
City-State-Zip: HOLLYWOOD FL 33024

Title            VP/ D  
Name            ROTH, DAVID  
Address        5660 GRIFFIN ROAD  
City-State-Zip: DAVIE FL 33314