

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009215

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

**Current Principal Place of Business:**

1255 W. ATLANTIC BLVD  
115  
POMPANO BEACH, FL 33069

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**9074068457CC**

**Current Mailing Address:**

1255 W. ATLANTIC BLVD  
115  
POMPANO BEACH, FL 33069 US

**FEI Number: 59-0751653**

**Certificate of Status Desired: No**

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

SEGAL, FRED  
1255 W. ATLANTIC BLVD  
115  
POMPANO BEACH, FL 33069 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 VP/DIRECTOR  
Name WALLACK, CARL  
Address 4103 N 49 AVE  
City-State-Zip: HOLLYWOOD FL 33012

Title DIRECTOR  
Name SAVAGE, CHRISTY  
Address 12330 SW 53 STREET  
City-State-Zip: COOPER CITY FL 33330

Title DIRECTOR, TREASURER  
Name ANSELMO, DARREN  
Address 819 E VILLAGE CIRCLE  
City-State-Zip: DAVIE FL 33325

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

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

**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**

**04/26/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY, DIRECTOR  
Name BOOTH, JEANENE  
Address 4401 SW 101 AVE  
City-State-Zip: DAVIE FL 33328