2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90404 025 ****61.25

DOCUMENT # 790526

1. Entity Name
FARMERS COOPERATIVE INC.

Principal Place of Business	Mailing Address
PO BOX 610 LIVE OAK, FL 32064 US	PO BOX 610 LIVE OAK, FL 32064 US

03012006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-0566896
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, TODD
1841 W HOWARD ST
LIVE OAK, FL 32060

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TERRY, E. RICHARD
STREET ADDRESS	RT 1, BOX 2295
CITY-ST-ZIP	MADISON, FL 32340
TITLE	P
NAME	DAVIS, ARCHIE
STREET ADDRESS	1852 COTTONWOOD ST
CITY-ST-ZIP	LEE, FL 32059
TITLE	ST
NAME	LAWRENCE, TODD
STREET ADDRESS	1725 W HOWARD STREET
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	V
NAME	WEBB, JOHN C
STREET ADDRESS	176 S E PIONEER ST
CITY-ST-ZIP	LEE, FL 32059
TITLE	D
NAME	ROBERTS, EDDY
STREET ADDRESS	P.O. BOX 184
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	D
NAME	HENDERSON, TED
STREET ADDRESS	16540 68TH PL
CITY-ST-ZIP	LIVE OAK, FL 32064

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Todd Lawrence Todd Lawrence 3/6/06 386-362-1459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #