

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790526

FILED
Jan 07, 2009
Secretary of State

Entity Name: FARMERS COOPERATIVE INC.

Current Principal Place of Business:

PO BOX 610
LIVE OAK, FL 32064 US

New Principal Place of Business:

1841 W. HOWARD ST.
LIVE OAK, FL 32064 US

Current Mailing Address:

PO BOX 610
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: 59-0566896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: STEICHEN, TIM
Address: RT 1, BOX 2295
City-St-Zip: MADISON, FL 32340

Title: P () Delete
Name: STEICHEN, TIM
Address: 8076 31ST ROAD
City-St-Zip: WELLBORN, FL 32094

Title: ST () Delete
Name: LAWRENCE, TODD
Address: 1725 W HOWARD STREET
City-St-Zip: LIVE OAK, FL 32060

Title: V () Delete
Name: WEBB, JOHN C
Address: 176 S E PIONEER ST
City-St-Zip: LEE, FL 32059

Title: D () Delete
Name: ROBERTS, EDDY
Address: P.O. BOX 184
City-St-Zip: O'BRIEN, FL 32071

Title: D () Delete
Name: HENDERSON, TED
Address: 16540 68TH PL
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HENDERSON, TED
Address: 16540 68TH PLACE
City-St-Zip: LIVE OAK, FL 32060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BROWN, WALTER
Address: 20634 US HWY 129 S
City-St-Zip: O'BRIEN, FL 32071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TODD LAWRENCE

ST

01/07/2009

Electronic Signature of Signing Officer or Director

Date