## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701047** 

Entity Name: FLORIDA FERTILIZER AND AGRICHEMICAL ASSOCIATION,

INC.

**Current Principal Place of Business:** 

605 E. MAIN STREET BARTOW, FL 33830

**Current Mailing Address:** 

POST OFFICE BOX 587 BARTOW, FL 33831-0587

FEI Number: 59-0245380 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARTNEY, MARY C 605 E. MAIN STREET BARTOW, FL 33830 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

**FILED** Jan 23, 2023

**Secretary of State** 

1091991313CC

Officer/Director Detail:

Title **DIRECTOR** Title DIRECTOR

Name BUNCH, JUSTIN Name SUTTON, BRENT

Address P.O. BOX 467 Address 1607 W. OIIVE STREET

City-State-Zip: MULBERRY FL 33860 City-State-Zip: LAKELAND FL 33815

Title **DIRECTOR** Title **PRESIDENT** 

BARRY, MIKE Name HARTNEY, MARY C Name

Address P.O. BOX 587 Address 1216 OLD HOPEWELL ROAD

City-State-Zip: **TAMPA FL 33619** City-State-Zip: BARTOW FL 33831-0587

Title **DIRECTOR** Title DIRECTOR

Name CARSON, DAVID Name BAXTER, JOHN Address P.O. BOX 486

2405 N. 71ST STREET Address City-State-Zip: PLANT CITY FL 33564

City-State-Zip: **TAMPA FL 33619** 

**DIRECTOR** Title Title **DIRECTOR** Name JIM, FAIRCLOTH DAVIS, KEITH Name

Address 1533 VILLAGE CENTER DRIVE Address P.O. BOX 1087 #206

WAUCHULA FL 33873 City-State-Zip: LAKELAND FL 33803 City-State-Zip:

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: MARY C HARTNEY **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

01/23/2023 Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name LANFIER, CHARLES Name BRYSON, AARON

Address 959 S. ANGELO LAKE ROAD Address P.O. BOX 2076

City-State-Zip: AVON PARK FL 33825 City-State-Zip: BELLE GLADE FL 33430-

Title CHAIRMAN Title DIRECTOR

NamePATTERSON, BRIANNameROBERTS, MIKEAddress6801 ENERGY COURT, STE. 100AddressP.O. BOX 188

City-State-Zip: SARASOTA FL 34240 City-State-Zip: FROSTPROOF FL 33843

Title DIRECTOR Title VC

NameSHAW, KEITHNameJOHNSON, ERICAddressP.O. BOX 357Address240 BIRCH LANECity-State-Zip:MAYO FL 32066City-State-Zip:LAKELAND FL 33813

TitleDIRECTORTitleTREASURERNameHUDSON, MIKENameRHONDA, TRIMBLE

Address 4100 GLADES CUT-OFF ROAD Address 2701 N. ROCKY POINT DRIVE, STE.

- I KOAD

City-State-Zip: FT. PIERCE FL 34981 City-State-Zip: TAMPA FL 33607-