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.

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA	NOT FOR PROFIT	CORPORATION	ANNUAL REPORT

# DOCUMENT# 701047

Entity Name: FLORIDA FERTILIZER AND AGRICHEMICAL ASSOCIATION, INC.

# Current Principal Place of Business:

411 E. ORANGE STREET SUITE 119 LAKELAND, FL 33801

# **Current Mailing Address:**

411 E. ORANGE STREET SUITE 119 LAKELAND, FL 33801 US

# FEI Number: 59-0245380

# Name and Address of Current Registered Agent:

HARTNEY, MARY C 411 E. ORANGE STREET SUITE 119 LAKELAND, FL 33801 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

# Officer/Director Detail :

••			
Title	D	Title	D
Name	BUNCH, JUSTIN	Name	PFEIFFER, GAYLON
Address	P.O. BOX 467	Address	11806 MARBLEHEAD DRIVE
City-State-Zip:	MULBERRY FL 33860	City-State-Zip:	TAMPA FL 33626
Title	D	Title	Ρ
Name	SUTTON, BRENT	Name	HARTNEY, MARY C
Address	P.O. BOX 1407	Address	411 E. ORANGE STREET SUITE 119
City-State-Zip:	LAKE ALFRED FL 33850	City-State-Zip:	LAKELAND FL 33801
Title		Title	TREASURER
Name	BARRY, MIKE	Name	BAXTER, JOHN
Address	1216 OLD HOPEWELL ROAD	Address	2405 N. 71ST STREET
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619
Title	DIRECTOR	Title	DIRECTOR
Name	CARSON, DAVID	Name	CONROY, JACK
Address	P.O. BOX 486	Address	5051 VARTY ROAD
City-State-Zip:	PLANT CITY FL 33564	City-State-Zip:	WINTER HAVEN FL 33884

#### Continues on page 2

PRESIDENT

01/25/2016

FILED Jan 25, 2016 Secretary of State CC8445600202

Certificate of Status Desired: No

Date

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	DAVIS, KEITH	Name	FRASIER, MARSHALL
Address	P.O. BOX 1087	Address	3540 PINE TREE LOOP
City-State-Zip:	WAUCHULA FL 33873	City-State-Zip:	HAINES CITY FL 33844
Title	DIRECTOR	Title	DIRECTOR
Name	HERRINGTON, MIKE	Name	HODGES, JOSEPH
Address	2801 COUNTRY CLUB ROAD NORTH	Address	800 TRAFALGAR COURT, STE. 320
	WINTER HAVEN FL 33884	City-State-Zip:	MAITLAND FL 32751
City-State-Zip:	WINTER HAVEN FL 33004		
Title	DIRECTOR	Title	CHAIRMAN
Name	LANFIER, CHARLES	Name	MCCAULEY, LARRY
Address	959 S. ANGELO LAKE ROAD	Address	5843 DEER FLAG DRIVE
City-State-Zip:	AVON PARK FL 33825	City-State-Zip:	LAKELAND FL 33811
Title	DIRECTOR	Title	DIRECTOR
Name	MORRIS, ROY	Name	PATTERSON, BRIAN
Address	2635 EWELL ROAD	Address	6801 ENERGY COURT, STE. 100
City-State-Zip:	LAKELAND FL 33811	City-State-Zip:	SARASOTA FL 34240
		Title	DIRECTOR
Title	VC	Name	SHAW, KEITH
Name	ROBERTS, MIKE	Address	P.O. BOX 357
Address	P.O. BOX 188	City-State-Zip:	MAYO FL 32066
City-State-Zip:	FROSTPROOF FL 33843	City-State-Zip.	MATO FL 32000
Title	DIRECTOR	Title	DIRECTOR
Name	VARN, LAT	Name	WEDGWORTH, DENNIS
Address	220 W. BRANDON BLVD., STE. 201	Address	P.O. BOX 2076
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	BELLE GLADE FL 33430
		Title	DIRECTOR
Title	DIRECTOR	Name	MARTEL, TIM
Name	HUDSON, MIKE	Address	503 N. CAUSEWAY, UNIT 202
Address	4100 GLADES CUT-OFF ROAD	City-State-Zip:	NEW SMYRNA BEACH FL 32169
City-State-Zip:	FT. PIERCE FL 34981	, F.	