

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

DOCUMENT# 730641

**FILED  
Mar 09, 2023  
Secretary of State  
2846774229CC**

**Entity Name:** FLORIDA FARM BUREAU WOMEN'S FUND, INC.

**Current Principal Place of Business:**

STACI SIMS  
5700 SW 34TH STREET  
GAINESVILLE, FL 32608

**Current Mailing Address:**

STACI SIMS  
5700 SW 34TH STREET  
GAINESVILLE, FL 32608 US

**FEI Number:** 51-0182662

**Certificate of Status Desired:** No

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

SIMS, STACI  
5700 SW 34TH STREET  
GAINESVILLE, FL 32608 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:** STACI SIMS

03/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name DAUM, DANIELLE  
Address 5700 SW 34TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title VC, DIRECTOR  
Name HUNTER, VICTORIA  
Address 5700 SW 34TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name BIGHAM, STORMIE  
Address 5700 SW 34TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name CARPENTER, NORA BETH  
Address 5700 SW 34TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name SMITH, WENDY  
Address 5700 SW 34TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name ANSELL, VALERIE  
Address 5700 SW 34TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name DAUGHARTY, LUANNE  
Address 5700 SW 34TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name JOHN, ELLIE  
Address 5700 SW 34TH STREET  
City-State-Zip: GAINESVILLE FL 32608

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*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:** DANIELLE DAUM

CHAIRMAN

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name            GRIFFIN, CINDY  
Address         5700 SW 34TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title           DIRECTOR  
Name            PLYAR, PAM  
Address         5700 SW 34TH STREET  
City-State-Zip: GAINESVILLE FL 32608