

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730641

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

04/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name BAILEY, BONNIE
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 CHAIRMAN
Name HUNTER, VICTORIA
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 ANSELL, VALERIE
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

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: VICTORIA HUNTER

CHAIR

04/27/2024

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 JORDAN, RENE
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

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