

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730641

Entity Name: FLORIDA FARM BUREAU WOMEN'S FUND, INC.**Current Principal Place of Business:**5700 SOUTHWEST 34TH STREET
GAINESVILLE, FL 32608**Current Mailing Address:**5700 SOUTHWEST 34TH STREET
GAINESVILLE, FL 32608**FEI Number:** 51-0182662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMS, STACI
5700 SOUTHWEST 34TH STREET
GAINESVILLE FLORIDA, 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

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name DAUM, DANIELLE
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name BIGHAM, STORMIE
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name SMITH, WENDY
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name BRONSON, JUDY
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title VC, DIRECTOR
Name HUNTER, VICTORIA
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name LAND, BRENDA GAYLE
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name ANSELL, VALERIE
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name COX, ASHLEY
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

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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

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRIFFIN, CINDY
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name MORRIS, KATIE
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614