

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008110

Entity Name: ST. LUCIE COUNTY FARM BUREAU, INC.

Current Principal Place of Business:

3327 ORANGE AVE.
FT. PIERCE, FL 34947

Current Mailing Address:

3327 ORANGE AVE.
FT. PIERCE, FL 34947

FEI Number: 59-0830043

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, GARY
3327 ORANGE AVE.
FT. PIERCE, FL 34947 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: GARY ROBERTS

02/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ROBERTS, GARY
Address 3327 ORANGE AVE.
City-State-Zip: FT. PIERCE FL 34947

Title DIRECTOR
Name ADAMS, MICHAEL L
Address PO BOX 12909
City-State-Zip: FT. PIERCE FL 34979

Title DIRECTOR
Name SCHIRARD, J B JR.
Address 1860 PULITZER RD
City-State-Zip: FT PIERCE FL 34945-4427

Title VP
Name HAMILTON, MATTHEW
Address 5770 RUSSAKIS ROAD
City-State-Zip: FORT PIERCE FL 34951

Title SECRETARY
Name BOUDRIAS, CHESTER
Address 11800 TWIN CREEKS DR
City-State-Zip: FORT PIERCE FL 34945

Title TREASURER
Name EPLIN, BRIANNA
Address 16583 CARLTON ADAMS RD
City-State-Zip: FORT PIERCE FL 34945

Title DIRECTOR
Name BLANKENBAKER, JENNA
Address 6504 SALERNO RD
City-State-Zip: FORT PIERCE FL 34951

Title DIRECTOR
Name KOPPELMANH, STEPHEN
Address 2179 S BROCKSMITH ROAD
City-State-Zip: FORT PIERCE FL 34953

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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: GARY ROBERTS

PRESIDENT

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BERGGREN, MARK
Address 11995 OKEECHOBEE ROAD
City-State-Zip: FORT PIERCE FL 34945

Title DIRECTOR
Name PLATTS, BRENDEN
Address 10402 BLUEFIELD RD
City-State-Zip: OKEECHOBEE FL 34972-9004

Title DIRECTOR
Name THOMASON, KAYLA
Address 16501 CARLTON ADAMS RD
City-State-Zip: FORT PIERCE FL 34945