

**2018 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:**

MARK, BERGGREN  
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:** MARK BERGGREN

03/05/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BERGGREN, MARK  
Address        11995 OKEECHOBEE RD  
City-State-Zip: FT. PIERCE FL 32968

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

Title            DIRECTOR  
Name            JOHNSON, ROBERT J  
Address        8480 IMMOKOLEE RD.  
City-State-Zip: FT. PIERCE FL 34945

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

Title            VP  
Name            FORGET, LOUIS COURTNEY  
Address        435 33RD AVE  
City-State-Zip: VERO BEACH FL 32968

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

Title            DIRECTOR  
Name            NEILL, MICHAEL  
Address        100 BURGER ROAD  
City-State-Zip: FORT PIERCE FL 34945

Title            DIRECTOR  
Name            HUMPHRIES, CLAYTON C.  
Address        2382 SOUTH EAST ALDEN ST  
City-State-Zip: PORT SAINT LUCIE FL

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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:** MARK BERGGREN

PRESIDENT

03/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

Title DIRECTOR  
Name ROBERTS, GARY  
Address 4102 JOHNSTON ROAD  
City-State-Zip: FORT PIERCE FL 34951

Title DIRECTOR  
Name PATTERSON, KYLE  
Address 2179 S. BROCKSMITH RD  
City-State-Zip: FORT PIERCE FL 34951