

**2023 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

02/16/2023

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

**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:** GARY ROBERTS

PRESIDENT

02/16/2023

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

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