2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008911

Entity Name: HARDEE COUNTY FARM BUREAU, INC.

Current Principal Place of Business:

1017 US HWY 17 NORTH WAUCHULA. FL 33873

Current Mailing Address:

1017 US HWY 17 NORTH WAUCHULA, FL 33873

FEI Number: 59-0752041 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRYAN, NORMAN J 1017 US HWY 17 NORTH WAUCHULA, FL 33873 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:

Electronic Signature of Registered Agent

Date

FILED Apr 06, 2016

Secretary of State

CC7487765656

Officer/Director Detail :

Title PΠ Title DIRECTOR

ROYAL, DAVID B Name Name SHACKELFORD, GREG L

Address 3298 SASSER RD. PO BOX 1800 Address

City-State-Zip: ZOLFO SPRINGS FL 33890 WAUCHULA FL 33873 City-State-Zip:

Title D Title DIRECTOR

Name CHERRY, JOSEPH B Name RICH, BO Address 451 RIVER LANE Address 1009 BRIARWOOD DR.

City-State-Zip: WAUCHULA FL 33873 City-State-Zip: WAUCHULA FL 33873

Title Title D

Name SMITH, DANIEL H Name HENDERSON, SCOTT B

Address PO BOX 432 Address 2101 GRIFFIN RD.

City-State-Zip: WAUCHULA FL 33873 WAUCHULA FL 33873 City-State-Zip:

Title SECRETARY, TREASURER Title DIRECTOR

Name LAMBERT, COREY M JOHNSON, STEVE A Name

464 MAUDE RD Address 320 N 6TH AVE Address

City-State-Zip: WAUCHULA FL 33873 WAUCHULA FL 33873 City-State-Zip:

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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.

04/06/2016 SIGNATURE: DAVID B. ROYAL **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP

Name WATKINS, TOMMY

Address PO BOX 2593

City-State-Zip: WAUCHULA FL 33873