

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009219

**Entity Name:** HIGHLANDS COUNTY FARM BUREAU, INC.**Current Principal Place of Business:**6419 US HWY 27 SOUTH  
SEBRING, FL 33876**Current Mailing Address:**6419 US HWY 27 SOUTH  
SEBRING, FL 33876**FEI Number:** 59-1028609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCWATERS, CHAD D  
6419 US HWY 27 SOUTH  
SEBRING, FL 33876 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:** CHAD D. MCWATERS

04/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HOWERTON, CAREY  
Address 4524 US HWY 98, SOUTH  
City-State-Zip: SEBRING FL 33876

Title PRESIDENT  
Name YOUNGMAN, FRANK  
Address 403 BEAR LANE  
City-State-Zip: LAKE PLACID FL 33852

Title TREASURER  
Name MURPHY, TREVOR  
Address 221 S HUCKLEBERRY LAKE DRIVE  
City-State-Zip: SEBRING FL 33875

Title VP  
Name WILLIAMS, JEFF  
Address 1421 W. STRATFORD ROAD  
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR  
Name BRONSON, SAM  
Address 6032 WILSON TERRACE  
City-State-Zip: SEBRING FL 33876

Title DIRECTOR  
Name CHARLES, GUERNDT  
Address 1014 S. TODD DRIVE  
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR  
Name BULLOCK, ROB  
Address 2800 E. CARDEN ROAD  
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR  
Name KOPTA, JASON  
Address 198 N. PALMETTO CREEK DRIVE  
City-State-Zip: AVON PARK FL 33825

**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:** FRANK YOUNGMAN

HCFB PRESIDENT

04/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WHITEHURST, TREY  
Address 36 TALL OAKS TRAIL  
City-State-Zip: LAKE PLACID FL 33852

Title SECRETARY  
Name DAUM, DANIELLE  
Address P. O. BOX 809  
City-State-Zip: LAKE PLACID FL 33862

Title DIRECTOR  
Name PETTIT, JUSTIN  
Address 10606 GREENSIDE WAY  
City-State-Zip: SEBRING FL 33875

Title DIRECTOR  
Name KIROUAC, SCOTT  
Address 320 KITE AVENUE  
City-State-Zip: SEBRING FL 33872

Title DIRECTOR  
Name HOOD, JUSTIN  
Address 1017 LANET AVENUE  
City-State-Zip: LABELLE FL 33935

Title DIRECTOR  
Name TAGTMEIER, FRED  
Address 6419 US 27 S.  
City-State-Zip: SEBRING FL 33876