2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009467

Entity Name: CLAY COUNTY FARM BUREAU, INC.

Feb 24, 2021 Secretary of State 3003193407CC

FILED

Current Principal Place of Business:

2000 HENLEY ROAD MIDDLEBURG, FL 32068

Current Mailing Address:

2000 HENLEY ROAD

MIDDLEBURG, FL 32068 US

FEI Number: 59-6177719 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOINER, ROBERT 2000 HENLEY ROAD MIDDLEBURG, FL 32068 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

Officer/Director Detail:

Title PD Title VD

Name HENDRY, GAYWARD Name HICKEY, MATT

Address 577 BRANSCOMB RD. Address 6761 SHARRON RD.

City-State-Zip: GREEN COVE SPRINGS FL 32043 City-State-Zip: GREEN COVE SPRINGS FL 32043

Title STD Title D

Name PARRISH, NORMA J Name FARLEY, JOSH
Address 6235 CR 218 Address PO BOX 937

City-State-Zip: BALDWIN FL 32234 City-State-Zip: PENNY FARMS FL 32079

Title D Title D

Name PADGETT, RANDOLPH Name MOSLEY, KELLY Address 4441 WEEKS RD. Address 4495 WEEKS RD.

City-State-Zip: GREEN COVE SPRINGS FL 32043 City-State-Zip: GREEN COVE SPRINGS FL 32043

TitleDIRECTORTitleDIRECTORNameDAVIS, JOSEPH MNameWHITMAN, BILLAddress2424 CIMARRONE BOULEVARDAddress866 WARNER ROAD

City-State-Zip: SAINT JOHNS FL 32259 City-State-Zip: GREEN COVE SPRINGS FL 32043

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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: GAYWARD F HENDRY PRESIDENT 02/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name STEWART , DAMIAN Name GOFF, THELTON

Address 6109 BOBBY PADGETT ROAD Address 4327 CLOVE STREET

City-State-Zip: BALDWIN FL 32234 City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR Title DIRECTOR

Name HICKEY, EUGENE Name WALLAU, ANNIE SHELDON

Address 6806 SHARON ROAD Address 18134 NE 77TH LANE

City-State-Zip: GREEN COVE SPRINGS FL 32043 City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR Title DIRECTOR

Name MIDDLETON, CROSS Name RATHJEN, MICHAEL

Address P. O. BOX 493 Address 5895 INDIAN TRAIL

City-State-Zip: GREEN COVE SPRINGS FL 32043 City-State-Zip: KEYSTONE HEIGHTS FL 32656