

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009467

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC2307218976**

**Entity Name:** CLAY COUNTY FARM BUREAU, INC.

**Current Principal Place of Business:**

3960 LAZY ACRES RD.  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

3960 LAZY ACRES RD.  
MIDDLEBURG, FL 32068

**FEI Number:** 59-6177719

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOINER, ROBERT  
3960 LAZY ACRES RD.  
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  
Name HENDRY, GAYWARD  
Address 577 BRANSCOMB RD.  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title VD  
Name HICKEY, MATT  
Address 6761 SHARRON RD.  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title STD  
Name PARRISH, NORMA J  
Address 6235 CR 218  
City-State-Zip: BALDWIN FL 32234

Title D  
Name FARLEY, JOSH  
Address PO BOX 937  
City-State-Zip: PENNY FARMS FL 32079

Title D  
Name PADGETT, RANDOLPH  
Address 4441 WEEKS RD.  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name MOSLEY, KELLY  
Address 4495 WEEKS RD.  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title DIRECTOR  
Name DAVIS, JOSEPH M  
Address 3820 RON ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043-8558

Title DIRECTOR  
Name WHITMAN, BILL  
Address 866 WARNER ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

**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:** GAYWARD HENDRY

**PRESIDENT**

**03/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STEWART , DAMIAN  
Address 6109 BOBBY PADGETT ROAD  
City-State-Zip: BALDWIN FL 32234

Title DIRECTOR  
Name HICKEY, EUGENE  
Address 6806 SHARON ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title DIRECTOR  
Name DEJARNATT, DANA  
Address 5995 VILLANUEVA DR.  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR  
Name GOFF, THELTON  
Address 4327 CLOVE STREET  
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR  
Name GODBOLD, JESSE  
Address 205 PARK STREET  
City-State-Zip: GREEN COVE SPRINGS FL 32043