### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009467

Entity Name: CLAY COUNTY FARM BUREAU, INC.

**FILED** Feb 05, 2020 **Secretary of State** 4664218943CC

# **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 Title VD

HENDRY, GAYWARD HICKEY, MATT Name Name

Address 577 BRANSCOMB RD. Address 6761 SHARRON RD.

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

Title D Title STD

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

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

Title Title D

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

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

Title DIRECTOR Title DIRECTOR Name WHITMAN, BILL DAVIS, JOSEPH M Name 866 WARNER ROAD Address 2424 CIMARRONE BOULEVARD Address

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

### 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 F HENDRY

**PRESIDENT** 

02/05/2020

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

NameHICKEY, EUGENENameDEJARNATT, DANAAddress6806 SHARON ROADAddress5995 VILLANUEVA DR.

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