

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009659

FILED
Mar 04, 2014
Secretary of State
CC9658536076

Entity Name: JEFFERSON COUNTY FARM BUREAU, INC.

Current Principal Place of Business:

105 W. ANDERSON ST.
MONTICELLO, FL 32344

Current Mailing Address:

105 W. ANDERSON ST.
MONTICELLO, FL 32344

FEI Number: 59-1010268

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FULFORD, ERNEST
105 W. ANDERSON ST.
MONTICELLO, FL 32344 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: ERNEST FULFORD

03/04/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name FULFORD, ERNEST
Address 2798 FULFORD ROAD
City-State-Zip: MONTICELLO FL 32344

Title VP
Name FULFORD, STEPHEN
Address 5976 BOSTON HWY.
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR
Name DEMOTT, HERBERT
Address 915 GOVERNMENT FARM RD.
City-State-Zip: MONTICELLO FL 32344

Title TREASURER
Name FINLAY, JOHN MJR.
Address 63 FINCREST CIR.
City-State-Zip: GREENVILLE FL 32331

Title ASST. TREASURER
Name BIRD, BUCKINGHAM T
Address PO BOX 247
City-State-Zip: MONTICELLO FL 32345

Title SECRETARY
Name GOLDEN, BOBBIE
Address 704 BARNES ROAD
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR
Name BESHEARS, HALSEY
Address PO BOX 755
City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR
Name BISHOP, BENJAMIN D
Address 539 SEVEN BRIDGES RD
City-State-Zip: MONTICELLO FL 32344

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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: ERNEST FULFORD

PRESIDENT

03/04/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EDWARDS, WALTER
Address PO BOX 8
City-State-Zip: LLOYD FL 32344

Title DIRECTOR
Name MONROE, DANNY
Address 10685 WAUKEENAH HWY
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR
Name WALKER, RONNIE
Address 33141 PETERBROWN LANE
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR
Name FINLAYSON, JOHN M SR.
Address 25 FINCREST
City-State-Zip: GREENVILLE FL 32331

Title DIRECTOR
Name MONROE, STEPHEN
Address 610 HALLALUJAH ROAD
City-State-Zip: MONRICELLO FL 32344