

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009659

**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: No**

**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**

**02/02/2021**

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 FINLAYSON, JOHN MAC JR.  
Address 63 FINCREST CIR.  
City-State-Zip: GREENVILLE FL 32331

Title 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 BISHOP, MATTHEW T  
Address 482 SEVEN BRIDGES RD  
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR  
Name EDWARDS, WALTER  
Address PO BOX 8  
City-State-Zip: LLOYD FL 32337

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

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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**

**02/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name WALKER, RONNIE  
Address 3314 PETERBROWN LANE  
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR  
Name DILLARD, JED  
Address PO BOX 704  
City-State-Zip: MONTICELLO FL 32345