

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010255

Entity Name: BAKER COUNTY FARM BUREAU, INC.

Current Principal Place of Business:

539 SOUTH 6TH STREET
MACCLENNY, FL 32063

Current Mailing Address:

539 SOUTH 6TH STREET
MACCLENNY, FL 32063

FEI Number: 59-6177715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTER, DARRYL E
539 SOUTH 6TH STREET
MACCLENNY, FL 32063 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 REGISTER, DARRYL
Address P.O. BOX 38
City-State-Zip: GLEN ST. MARY FL 32040

Title VPD
Name REGISTER, SCOTT
Address 13755 TURNER CEMETARY RD.
City-State-Zip: SANDERSON FL 32087

Title STD
Name FISH, PAT
Address P.O. BOX 1297
City-State-Zip: MACCLENNY FL 32063

Title D
Name ROWE, CHARLES
Address 5400 BUCK ROWE RD.
City-State-Zip: MACCLENNY FL 32063

Title D
Name REGISTER, LLOYD
Address 12846 TURNER CEMETERY RD.
City-State-Zip: SANDERSON FL 32087

Title D
Name GRIFFIS, WYMAN
Address 6560 BILL DAVIS RD.
City-State-Zip: GLEN ST. MARY FL 32040

Title DIRECTOR
Name ADAMS, THOMAS
Address 539 SOUTH 6TH STREET
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR
Name NORMAN, ROBERT
Address 539 SOUTH 6TH STREET
City-State-Zip: MACCLENNY FL 32063

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: DARRYL REGISTER

PRESIDENT

03/26/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LYONS, CLAY
Address 539 SOUTH 6TH STREET
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR
Name MANN, JOHN
Address 539 SOUTH 6TH STREET
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR
Name COPE, JACOB R
Address 6659 N FORTY CIR
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR
Name THOMPSON, KENNETH
Address 539 SOUTH 6TH STREET
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR
Name LYONS , ELEANOR
Address 539 SOUTH 6TH STREET
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR
Name MOORE, DOUG
Address 634 DYAL ST
City-State-Zip: JACKSONVILLE FL 32226