

**2018 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

**FILED**  
**Mar 15, 2018**  
**Secretary of State**  
**CC7496251455**

*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           DIRECTOR  
Name           REGISTER, DARRYL  
Address        P.O. BOX 38  
City-State-Zip: GLEN ST. MARY FL 32040

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

Title           DIRECTOR  
Name           LYONS, CLAY  
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: ROBERT NORMAN**

**PRESIDENT**

**03/15/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name LYONS, EMIL CLAYTON JR.  
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 MOBLEY, JAMES WESLEY  
Address 539 SOUTH 6TH STREET  
City-State-Zip: MACCLENNY FL 32063