

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010268

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC8661793830**

**Entity Name:** HERNANDO/CITRUS COUNTY FARM BUREAU, INC.

**Current Principal Place of Business:**

617 LAMAR AVE.  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

617 LAMAR AVE.  
BROOKSVILLE, FL 34601

**FEI Number: 59-0900903**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

THOMAS, JOHN L  
617 LAMAR AVE.  
BROOKSVILLE, FL 34601 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 THOMAS, JOHN L  
Address 6091 S. PLEASANT GROVE RD.  
City-State-Zip: INVERNESS FL 34452

Title VD  
Name ROOKS, ALBERT J  
Address 5726 S. MERRYLAKE PT.  
City-State-Zip: FLORAL CITY FL 34436

Title STD  
Name MILLS, BARBARA  
Address 18015 BRITTLE RD.  
City-State-Zip: BROOKSVILLE FL 34601

Title D  
Name ADKINS, JAMES  
Address 24402 MONDON HILL RD.  
City-State-Zip: BROOKSVILLE FL 34601

Title D  
Name SIKES, SAMUEL H  
Address 7341 HIGH CORNER RD.  
City-State-Zip: BROOKSVILLE FL 34602

Title D  
Name SELLERS, WILLIAM R  
Address 125 MT. FAIR AVE.  
City-State-Zip: BROOKSVILLE FL 34601

*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: JOHN L. THOMAS**

**PRESIDENT**

**01/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date