

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010268

FILED
Feb 09, 2018
Secretary of State
CC1828801578

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: No

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 STD
Name MILLS, BARBARA
Address 18015 BRITTLE 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

Title VP, DIRECTOR
Name BROOKS, JAMES A
Address 12050 S. PLEASANT GROVE RD
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR
Name CASEY, JOAN
Address 17200 WISCON RD
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name JERNIGAN, MALLORY
Address 16640 JONES RD
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name HUNNICUTT, BLAKE
Address 24017 FREDERIC DR
City-State-Zip: BROOKSVILLE FL 34601

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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: JOHN L THOMAS

PRESIDENT

02/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MILLS, SCOTT
Address 11411 S PORTAGE PT
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR
Name CALFEE, DUDLEY M
Address P. O. BOX 175
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR
Name COOPER, CLAY
Address 7115 E GUNN CT
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR
Name COLLINS, CLINTON
Address 2881 E NEWHAVEN ST
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR
Name ADKINS, JR., JAMES
Address 24440 MONDON HILL RD
City-State-Zip: BROOKSVILLE FL 34601