

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010268

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

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

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