

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000013060

**Entity Name:** FTFFA COOPERATIVE CORPORATION**Current Principal Place of Business:**5129 SR 674  
WIMAUMA, FL 33598**Current Mailing Address:**P O BOX 2100  
WIMAUMA, FL 33598**FEI Number:** 27-4913050**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOOZER, DAVID  
141 AVE A, SE  
WINTER HAVEN, FL 33880 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 D  
Name DAVID, GARRY  
Address 8956 N DEES RD  
City-State-Zip: LAKELAND FL 33809Title DIRECTOR  
Name RAWLINS, ARTHUR  
Address 3402 KENT PATH COURT  
City-State-Zip: LITHIA FL 33547Title DS  
Name MOORE, SANDY  
Address BIG BEND RD  
City-State-Zip: GIBSONTOWN FL 33534Title VP  
Name LEPOCHAT, PIERRE  
Address BOX 1827  
City-State-Zip: SEFFNER FL 33583Title PRESIDENT  
Name SKIDMORE, JOHN  
Address 20112 HOBBS ROAD  
City-State-Zip: WIMAUMA FL 33598Title TREASURER  
Name FOSTER, JONATHAN  
Address CHRISTIAN RD  
City-State-Zip: DADE CITY FL

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN SKIDMORE**DIRECTOR****02/02/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date