

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000013060

Entity Name: FTFFA COOPERATIVE CORPORATION**Current Principal Place of Business:**7002 E BROADWAY AVE
TAMPA, FL 33619**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:** DAVID BOOZER

02/03/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name DAVID, GARRY
Address 8956 N DEES RD
City-State-Zip: LAKELAND FL 33809

Title DIRECTOR, PP
Name SKIDMORE, JOHN
Address 20112 HOBBS ROAD
City-State-Zip: WIMAUMA FL 33598

Title TREASURER
Name DRAWDY, DUSTIN
Address 1507 WILLIAMS RD
City-State-Zip: PLANT CITY FL 33565

Title D, PRESIDENT
Name LEPOCHAT, PIERRE
Address BOX 1827
City-State-Zip: SEFFNER FL 33583

Title DS
Name HOLLON, BRITTANY
Address 6209 ROBBINS RD
City-State-Zip: LAKELAND FL 33810

Title MANAGER
Name KUST, JERRY
Address P O BOX 2100
City-State-Zip: WIMAUMA FL 33598

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: PIERRE LEPOCHAT

PRESIDENT

02/03/2020

Electronic Signature of Signing Officer/Director Detail

Date