

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790526

**Entity Name:** FARMERS COOPERATIVE INC.

**Current Principal Place of Business:**

1841 W. HOWARD ST.  
LIVE OAK, FL 32064

**FILED**  
**Mar 04, 2024**  
**Secretary of State**  
**3069786552CC**

**Current Mailing Address:**

1841 HOWARD STREET W  
LIVE OAK, FL 32064 US

**FEI Number: 59-0566896**

**Certificate of Status Desired: No**

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

LONG, BARRY  
1841 W. HOWARD ST.  
LIVE OAK, FL 32064 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: BARRY LONG**

**03/04/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCLEOD, KENNETH  
Address PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR  
Name LEE, JEFF  
Address 1841 W. HOWARD ST.  
City-State-Zip: LIVE OAK FL 32064

Title ST  
Name LONG, BARRY  
Address 1841 W HOWARD STREET  
City-State-Zip: LIVE OAK FL 32064

Title D  
Name MORGAN, KEVIN M  
Address PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR  
Name CARTE, WILLIAM T  
Address PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR  
Name HAMRICK, JEFFERY  
Address 1841 W. HOWARD ST.  
P O BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title PRESIDENT  
Name LYONS, RICKY N  
Address PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title VP  
Name EUBANKS, ARNETT  
Address PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

**Continues on page 2**

*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: BARRY LONG**

**SECRETARY/TREASURER 03/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           STEICHEN, TIMOTHY  
Address        PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title           DIRECTOR  
Name           HENDERSON, TED  
Address        PO BOX 610  
City-State-Zip: LIVE OAK FL 32064