

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008384

Entity Name: SEMINOLE COUNTY FARM BUREAU, INC.**Current Principal Place of Business:**142 W. STATE ROAD 434
WINTER SPRINGS, FL 32708**Current Mailing Address:**PO BOX 585694
ORLANDO, FL 32858**FEI Number:** 59-0860077**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLONTS, WILLIAM R JR.
142 W. STATE ROAD 434
WINTER SPRINGS, FL 32708 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:** WILLIAM REX CLONTS JR

03/18/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name YARBOROUGH, JAMES
Address PO BOX 850
City-State-Zip: GENEVA FL 32732

Title PRESIDENT
Name CLONTS, W. REX JR.
Address 6265 LAKE CHARM CIR.
City-State-Zip: OVIEDO FL 32765

Title STD
Name YARBOROUGH, IMOGENE
Address PO BOX 65
City-State-Zip: GENEVA FL 32732

Title D
Name ARCHEY, ERIN
Address 1740 REBEL RUN
City-State-Zip: OVIEDO FL 32765

Title VP
Name HOLMES, WILLIAM
Address PO BOX 106
City-State-Zip: GENEVA FL 32732

Title D
Name TUCKER, CECIL II
Address PO BOX 345
City-State-Zip: CHRISTMAS FL 32709

Title DIRECTOR
Name ARCHEY, CLAY
Address 1740 REBEL RUN
City-State-Zip: OVIEDO FL 32765

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: W.REX CLONTS JR.

PRESIDENT

03/18/2013

Electronic Signature of Signing Officer/Director Detail

Date