

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008466

**Entity Name:** SUWANNEE COUNTY FARM BUREAU, INC.

**Current Principal Place of Business:**

407 DOWLING AVE. SE  
LIVE OAK, FL 32064

**Current Mailing Address:**

407 DOWLING AVE. SE  
LIVE OAK, FL 32064

**FEI Number:** 59-0856187

**Certificate of Status Desired:** No

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

CARTE, WILLIAM PRESIDENT  
407 DOWLING AVE. SE  
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:** WILLIAM CARTE/PRESIDENT

04/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DASHER, RANDALL  
Address 5375 180TH ST.  
City-State-Zip: MCALPIN FL 32062

Title PRESIDENT  
Name CARTE, WILLIAM  
Address 14227 171 RD.  
City-State-Zip: LIVE OAK FL 32060

Title TREASURER  
Name HINGSON, VIRGIL SHAWN  
Address 13196 144TH STREET  
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR  
Name BROWN, WALTER K  
Address 20634 US 129  
City-State-Zip: O'BRIEN FL 32071

Title DIRECTOR  
Name CARTER, DOUG  
Address 18899 97TH DRIVE  
City-State-Zip: MCALPIN FL 32062-2574

Title SECRETARY  
Name HODGE, RAYMOND J  
Address 19203 121ST ROAD  
City-State-Zip: MCALPIN FL 32062-2414

Title DIRECTOR  
Name LORD, SIDNEY  
Address 13206 STATE ROAD 51  
City-State-Zip: LIVE OAK FL 32060-5458

Title DIRECTOR  
Name CAROLEE, HOWE  
Address 7408 169TH DR  
City-State-Zip: LIVE OAK FL 32060

**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:** WILLIAM CARTE

PRESIDENT

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name GAYLARD, ARCHIE III  
Address 7556 240TH STREET  
City-State-Zip: OBRIEN FL 32071

Title DIRECTOR  
Name CODY , DARLING  
Address 15440 189TH RD  
City-State-Zip: MCALPIN FL 32062