

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008466

**FILED**  
**Mar 17, 2022**  
**Secretary of State**  
**1470612753CC**

**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:**

DASHER, RANDALL  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
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            LORD, JACKSON  
Address        13092 169TH ROAD  
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:** RANDALL DASHER

**PRESIDENT**

**03/17/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            CAROLEE, HOWE  
Address        407 DOWLING AVE. SE  
City-State-Zip: LIVE OAK FL 32064

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