

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

DOCUMENT# N12000008749

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

**Current Principal Place of Business:**

4379 LAFAYETTE ST.  
MARIANNA, FL 32446

**Current Mailing Address:**

4379 LAFAYETTE ST.  
MARIANNA, FL 32446

**FEI Number:** 59-0711690

**Certificate of Status Desired:** No

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

PITTMAN, JEFFERY C  
4379 LAFAYETTE ST.  
MARIANNA, FL 32446 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            PITTMAN, JEFFERY  
Address        6429 LOVEDALE RD.  
City-State-Zip: BASCOM FL 32423

Title            TREASURER  
Name            DIETRICH, GORDON  
Address        1987 HIGHWAY 2  
City-State-Zip: GRACEVILLE FL 32440

Title            DIRECTOR  
Name            JOWERS, H E  
Address        4499 RED OAK TRACE  
City-State-Zip: MARIANNA FL 32440

Title            DIRECTOR  
Name            THOMPSON, MICHAEL  
Address        3870 THOMPSON RD.  
City-State-Zip: MARIANNA FL 32448

Title            DIRECTOR  
Name            LARAMORE, HERMAN  
Address        PO BOX 793  
City-State-Zip: MARIANNA FL 32447

Title            DIRECTOR  
Name            GLASS, MACK  
Address        1525 FAIRVIEW ROAD  
City-State-Zip: MARIANNA FL 32446

Title            DIRECTOR  
Name            JORDAN, STEPHEN  
Address        5631 LINE ROAD  
City-State-Zip: BASCOM FL 32423

Title            VP  
Name            BIGHAM, WILLIAM B  
Address        4795 OLD US ROAD  
City-State-Zip: MARIANNA FL 32448

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*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:** JEFFERY PITTMAN

**PRESIDENT**

**01/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BAGGETT, ADAM  
Address        1917 HIGHWAY 71  
City-State-Zip: MARIANNA FL 32448