### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1200009659

Entity Name: JEFFERSON COUNTY FARM BUREAU, INC.

### **Current Principal Place of Business:**

105 W. ANDERSON ST. MONTICELLO. FL 32344

## **Current Mailing Address:**

105 W. ANDERSON ST. MONTICELLO, FL 32344

# FEI Number: 59-1010268

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

FULFORD, ERNEST 105 W. ANDERSON ST. MONTICELLO, FL 32344 US Certificate of Status Desired: No

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	: ERNEST FULFORD			02/08/2024
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PD	Title	VP	
Name	FULFORD, ERNEST	Name	FULFORD, STEPHEN	
Address	2798 FULFORD ROAD	Address	5976 BOSTON HWY.	
City-State-Zip:	MONTICELLO FL 32344	City-State-Zip:	MONTICELLO FL 32344	
Title	DIRECTOR	Title	TREASURER	
Name	FINLAYSON, JOHN MAC JR.	Name	BIRD, BUCKINGHAM T	
Address	63 FINCREST CIR.	Address	PO BOX 247	
City-State-Zip:	GREENVILLE FL 32331	City-State-Zip:	MONTICELLO FL 32345	
Title	DIRECTOR	Title	DIRECTOR	
Name	BISHOP, MATTHEW T	Name	EDWARDS, WALTER	
Address	482 SEVEN BRIDGES RD	Address	PO BOX 8	
City-State-Zip:	MONTICELLO FL 32344	City-State-Zip:	LLOYD FL 32337	
Title	DIRECTOR	Title	DIRECTOR	
Name	FINLAYSON, JOHN M SR.	Name	MONROE, STEPHEN	
Address	25 FINCREST	Address	610 HALLALUJAH ROAD	
City-State-Zip:	GREENVILLE FL 32331	City-State-Zip:	MONRICELLO FL 32344	
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#### 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: ERNEST FULFORD

PRESIDENT

02/08/2024

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 08, 2024 Secretary of State 8736642026CC

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	WALKER, RONNIE	Name	DILLARD, JED
Address	3314 PETERBROWN LANE	Address	PO BOX 704
City-State-Zip:	MONTICELLO FL 32344	City-State-Zip:	MONTICELLO FL 32345
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR DEMOTT, MARK G	Title Name	DIRECTOR JONES, KIM
Name	DEMOTT, MARK G	Name	JONES, KIM