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

DOCUMENT# N12000009659

Entity Name: JEFFERSON COUNTY FARM BUREAU, INC.

FILED Feb 05, 2023 Secretary of State 6837921494CC

## **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 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FULFORD, ERNEST 105 W. ANDERSON ST. MONTICELLO, FL 32344 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: ERNEST FULFORD 02/05/2023

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PD	Title	VP

NameFULFORD, ERNESTNameFULFORD, STEPHENAddress2798 FULFORD ROADAddress5976 BOSTON HWY.City-State-Zip:MONTICELLO FL 32344City-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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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 02/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameWALKER, RONNIENameDILLARD, JEDAddress3314 PETERBROWN LANEAddressPO BOX 704

City-State-Zip: MONTICELLO FL 32344 City-State-Zip: MONTICELLO FL 32345

TitleDIRECTORTitleDIRECTORNameDEMOTT, MARK GNameJONES, KIM

Address 236 GOVERNMENT FARM ROAD Address 4410 BOSTON HIGHWAY

City-State-Zip: MONTICELLO FL 32344 City-State-Zip: MONTICELLO FL 32344