

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010264

Entity Name: OKEECHOBEE COUNTY FARM BUREAU, INC.

Current Principal Place of Business:

105 NW 5TH STREET.
OKEECHOBEE, FL 34972

Current Mailing Address:

105 NW 5TH STREET
OKEECHOBEE, FL 34972 US

FEI Number: 59-1102390

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BANDI, MICHAEL L
105 NW 5TH STREET.
OKEECHOBEE, FL 34972 US

FILED
Feb 06, 2024
Secretary of State
1207904594CC

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: MICHAEL L BANDI

02/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BANDI, MICHAEL L
Address 8648 SW 7TH LN
City-State-Zip: OKEECHOBEE FL 34974

Title VP, DIRECTOR
Name BUTLER, BENJAMIN L
Address 608 BUTLERS BLUFF RD
City-State-Zip: LORIDA FL 33857

Title SECRETARY, DIRECTOR
Name HAZELLIEF, DAVID E
Address 1200 S. PARROTT AVE.
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name BUTLER, WILL
Address 13605 SW 144TH PKWY
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name DAVIS, COURTNEY
Address 16515 NW 203RD
City-State-Zip: OKEECHOBEE FL 34972

Title DIRECTOR
Name LARSON, JACOB N
Address PO BOX 2122
City-State-Zip: OKEECHOBEE FL 34973

Title DIRECTOR
Name ALTMAN, DAVY
Address 8175 SW 9TH ST.
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name SMALL, JOHN
Address 30355 US HWY 441N
City-State-Zip: OKEECHOBEE FL 34972

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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: MICHAEL L BANDI

PRESIDENT

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER/DIRECTOR
Name LOTT, MORGAN
Address 11613 CR 721
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name MEISTER, LACY NICOLE
Address 8200 NE 12TH DR.
City-State-Zip: OKEECHOBEE FL 34972

Title DIRECTOR
Name WILSON, JOSH
Address 192 JAMES CIR
City-State-Zip: LAKE ALFRED FL 33850

Title DIRECTOR
Name CORONA, ANTONIO
Address 3950 SW 16TH ST
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name PERRY, LOGAN
Address 511 SE 2ND AVE
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name THOMAS, CHAD
Address 16980 NW 176TH AV
City-State-Zip: OKEECHOBEE FL 34972

Title DIRECTOR
Name PEARCE, GABRIELA MARINA
Address 325 NE 138TH ST
City-State-Zip: OKEECHOBEE FL 34972