

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

DOCUMENT# N12000010268

**Entity Name:** HERNANDO/CITRUS COUNTY FARM BUREAU, INC.

**Current Principal Place of Business:**

617 LAMAR AVE.  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

617 LAMAR AVE.  
BROOKSVILLE, FL 34601

**FEI Number:** 59-0900903

**Certificate of Status Desired:** No

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

THOMAS, JOHN L  
617 LAMAR AVE.  
BROOKSVILLE, FL 34601 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 PD  
Name THOMAS, JOHN L  
Address 6091 S. PLEASANT GROVE RD.  
City-State-Zip: INVERNESS FL 34452

Title D  
Name SIKES, SAMUEL H  
Address 7341 HIGH CORNER RD.  
City-State-Zip: BROOKSVILLE FL 34602

Title D, S, T  
Name SELLERS, WILLIAM R  
Address 125 MT. FAIR AVE.  
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR  
Name CASEY, JOAN  
Address 17200 WISCON RD  
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR  
Name JERNIGAN, MALLORY  
Address 16640 JONES RD  
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR  
Name HUNNICUTT, BLAKE  
Address 24017 FREDERIC DR  
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR  
Name COLLINS, CLINTON  
Address 2881 E NEWHAVEN ST  
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR  
Name COOPER, CLAY  
Address 7115 E GUNN CT  
City-State-Zip: INVERNESS FL 34450

**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:** JOHN L. THOMAS

**PRESIDENT**

**02/07/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VP  
Name REICHENBACH, MATT  
Address 8841 S. WAY LAKESHORE DR  
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR  
Name CANNON, COLSON  
Address 19001 RAINTREE DR  
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR  
Name DUVAL, JASON E.  
Address P. O. BOX 10818  
City-State-Zip: BROOKSVILLE FL 34603

Title DIRECTOR  
Name MOEN, MARTHA T  
Address 7980 S. PLEASANT GROVE RD  
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR  
Name SELLERS, REID  
Address 29249 WILPAYNE RD  
City-State-Zip: BROOKSVILLE FL 34601