

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000000280

**Entity Name:** FLORIDA PEANUT FEDERATION, INC.

**FILED**  
**Feb 03, 2022**  
**Secretary of State**  
**9694009504CC**

**Current Principal Place of Business:**

17856 US HWY 129 S  
MCALPIN, FL 32062

**Current Mailing Address:**

PO BOX 163  
MCALPIN, FL 32062 US

**FEI Number: 81-5060338**

**Certificate of Status Desired: No**

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

HERRON, MARK  
2618 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308 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 D  
Name ADAMS, MIKE  
Address 6193 STATE ROAD 6W  
City-State-Zip: JASPER FL 32052

Title D  
Name TILLIS, MURRAY  
Address POST OFFICE BOX 1669  
City-State-Zip: CHIEFLAND FL 32644

Title D  
Name PHILMAN, KELLY  
Address 6510 N US HWY 129  
City-State-Zip: BELL FL 32619

Title D  
Name TOWNSEND, CLIF  
Address 5608 CR 249  
City-State-Zip: LIVE OAK FL 32060

Title VP  
Name BARRINGTON, KEVIN  
Address 722 SW FREEDOM ROAD  
City-State-Zip: MAYO FL 32066

Title D  
Name SANCHEZ, HERMAN JR.  
Address 479 NE 446TH STREET  
City-State-Zip: OLD TOWN FL 32680

Title PRESIDENT  
Name STANSEL, DWIGHT  
Address 5553 164TH STREET  
City-State-Zip: WELLBORN FL 32094

Title SECRETARY, TREASURER  
Name GWINN, DONELL  
Address 17233 99 DRIVE  
City-State-Zip: MCALPIN FL 32062

**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: DWIGHT STANSEL**

**P**

**02/03/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            D  
Name            BELL, ARLENE  
Address        POST OFFICE BOX 459  
City-State-Zip: WILLISON FL 32696