

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063434

Entity Name: FLORIDA AGRICULTURAL MARKETING ASSOCIATION, INC.**FILED**
Mar 09, 2023
Secretary of State
2684144596CC**Current Principal Place of Business:**STACI SIMS
5700 SW 34TH STREET
GAINESVILLE, FL 32608**Current Mailing Address:**STACI SIMS
5700 SW 34TH STREET
GAINESVILLE, FL 32608 US**FEI Number:** 59-1228820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMS, STACI
5700 SW 34TH STREET
GAINESVILLE, FL 32608 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:** STACI SIMS**03/09/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name SMITH, JEB S
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title VP, DIRECTOR
Name JOHNSON, STEVE
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title SECRETARY, DIRECTOR
Name ARCHEY, CLAY
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title TREASURER, DIRECTOR
Name DOONER, MICHAEL
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name COOK, ADAM
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name LAND, ROD
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name DICKS, STEVEN
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name RITCH, GLENN
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEB S SMITH**PRESIDENT****03/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BYRD, MARK A
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name DAUM, DANIELLE
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name DAVIS, JERRY
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name PITTMAN, JEFF
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name GONZALES, MATT
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name MCCRONE, HENRY
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name SPINOSA, CHRISTIAN
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name WEST, DANIEL
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name LUSSIER, KEVIN
Address 5700 SW 34TH ST
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name FORD, THOMAS
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name HARRISON, KEN
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name HUNTER, VICTORIA
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name SUTTON, JAMES
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name HARTMAN, REED
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name DUANE, PAT
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name SODDERS, MARK
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name WILSON, MARK
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608