

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063434

Entity Name: FLORIDA AGRICULTURAL MARKETING ASSOCIATION, INC.**FILED**
Jan 10, 2025
Secretary of State
3880914941CC**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

01/10/2025

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 32608Title VP, DIRECTOR
Name JOHNSON, STEVE
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608Title SECRETARY, DIRECTOR
Name ARCHEY, CLAY
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608Title TREASURER, DIRECTOR
Name DUANE, PAT
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608Title DIRECTOR
Name COOK, ADAM
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608Title DIRECTOR
Name HAMRICK, JEFFERY
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608Title DIRECTOR
Name DICKS, STEVEN
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608Title DIRECTOR
Name RITCH, GLENN
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608**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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STACI SIMS**REGISTERED AGENT**

01/10/2025

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 WARD, BRETT
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 PENDERGRASS, JAKE
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 SHADRICK, TYLER
Address 5700 SW 34TH ST
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name PADGETT, RANDOLPH
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 NUTT, MICHAEL
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 DURDEN, PATRICK
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

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

Title DIRECTOR
Name RUTZKE, JR, BARNEY
Address 5700 SW 34 STREET
City-State-Zip: GAINESVILLE FL 32608

Title COO
Name SIMS, STACI
Address 5700 SW 34TH STREET
City-State-Zip: GAINESVILLE FL 32608