

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063434

Entity Name: FLORIDA AGRICULTURAL MARKETING ASSOCIATION, INC.**Current Principal Place of Business:**5700 SW 34TH STREET
GAINESVILLE, FL 32608**Current Mailing Address:**P.O. BOX 147030
GAINESVILLE, FL 32614-7030**FEI Number:** 59-1228820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORGAN, KEVIN M
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	HOBLOCK, JOHN L
Address	5700 S.W. 34TH STREET
City-State-Zip:	GAINESVILLE FL 32608

Title	SD
Name	BYRD, MARK A
Address	8286 STONE ROAD
City-State-Zip:	APOPKA FL 32703

Title	D
Name	ETHERIDGE, BRAD
Address	5700 SW 34TH STREET
City-State-Zip:	GAINESVILLE FL 32608

Title	VPD
Name	SCHIRARD, BRANT
Address	1860 PULITZER ROAD
City-State-Zip:	FORT PIERCE FL 34945

Title	TD
Name	LAND, ROD
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	D
Name	WETHERINGTON, RON
Address	2015 S. WOOTEN ROAD
City-State-Zip:	DOVER FL 33527

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: JOHN HOBLOCK**PRESIDENT****02/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date