

2020 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:**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

01/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP, DIRECTOR
Name SCHIRARD, BRANT
Address P.O. BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title SECRETARY, DIRECTOR
Name JOHNSON, STEVE A
Address P.O. BOX 147030
City-State-Zip: GAINESVILLE FL 32614-7030

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

Title DIRECTOR
Name COOK, ADAM
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name DOONER, MICHAEL
Address P.O. BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name ARMSTRONG, RYAN
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name DEAS, JON
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

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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: JOHN HOBlick

PRESIDENT

01/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BYRD, MARK
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name DAUM, DANIELLE
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name DAVIS, JERRY
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name PITTMAN, JEFF
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name LARSON, JACOB
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name MCCRONE, HENRY
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name PETERSON, DANIEL
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name WEST, DANIEL
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name FORD, THOMAS
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name HARRISON, KEN
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name HUNTER, VICTORIA
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name RICE, KELLY
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name SHADD, EDWARD
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name SMITH, JEB
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name SODDERS, MARK
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Title DIRECTOR
Name WILSON, MARK
Address PO BOX 147030
City-State-Zip: GAINESVILLE FL 32614