

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790526

FILED
Feb 10, 2012
Secretary of State

Entity Name: FARMERS COOPERATIVE INC.

Current Principal Place of Business:

1841 W. HOWARD ST.
LIVE OAK, FL 32064 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 610
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: 59-0566896 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAWRENCE, TODD
1841 W HOWARD ST
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: BROWN, WALTER K
Address: 20634 US 129 S
City-St-Zip: O'BRIEN, FL 32071

Title: VP
Name: MORGAN, KEVIN
Address: 18755 S E C R 137
City-St-Zip: WHITE SPRINGS, FL 32096

Title: ST
Name: LAWRENCE, TODD
Address: 1841 W HOWARD STREET
City-St-Zip: LIVE OAK, FL 32064

Title: VP
Name: MORGAN, KEVIN
Address: 18755 SE CR-137
City-St-Zip: WHITE SPRINGS, FL 32096

Title: D
Name: ROBERTS, EDDY
Address: P.O. BOX 184
City-St-Zip: O'BRIEN, FL 32071

Title: D
Name: LEE, JEFF
Address: 18072 113TH ROAD
City-St-Zip: MCALPIN, FL 32062

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: TODD LAWRENCE

SECR

02/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date