## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 790526** 

Entity Name: FARMERS COOPERATIVE INC.

**Current Principal Place of Business:** 

1841 W. HOWARD ST. LIVE OAK. FL 32064

**Current Mailing Address:** 

**PO BOX 610** 

LIVE OAK, FL 32064 US

FEI Number: 59-0566896 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

FILED Jan 15, 2021

**Secretary of State** 

1233684574CC

Officer/Director Detail:

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 MCLEOD, KENNETH
 Name
 LEE, JEFF

Address PO BOX 610 Address 1841 W. HOWARD ST.

City-State-Zip: LIVE OAK FL 32064 City-State-Zip: LIVE OAK FL 32064

Title ST Title D

Name LAWRENCE, TODD Name MORGAN, KEVIN M

Address 1841 W HOWARD STREET Address PO BOX 610

City-State-Zip: LIVE OAK FL 32064 City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR Title PRESIDENT

Name CARTE, WILLIAM T Name HAMRICK, JEFFERY

Address PO BOX 610 Address 1841 W. HOWARD ST.

P O BOX 610

City-State-Zip: LIVE OAK FL 32064 City-State-Zip: LIVE OAK FL 32064

Title VICE PRESIDENT
Name LYONS, RICKY N

Address PO BOX 610

City-State-Zip: LIVE OAK FL 32064

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

SECRETARY-TREASURER 01/15/2021

Electronic Signature of Signing Officer/Director Detail

Date