2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State
02-22-2008 90017 036 ****61.25

DOCUMENT # 709573

1. Entity Name

CIRCLE M RANCHETTES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11821 N. CIRCLE M AVE P. O. BOX.1493. DUNNELLON FL 34430	11821 N. CIRCLE M AVE P. O. BOX 1493 DUNNELLON FL 34430

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11821 Circle "M" ~~Road~~ AVE.	P.O. Box 1493
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUNNELLON, FL	City & State: DUNNELLON, FL
Zip: 34433 Country:	Zip: 34430 Country:

4. FEI Number: 59-2603438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN, BARRY R 10099 N CAMAE POINT DUNNELLON FL 34433	Name: W. W. FOSTER Street Address (P.O. Box Number is Not Acceptable): 10397 N. RANCH Hand AVE City: DUNNELLON FL Zip Code: 34433

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: W.W Foster 2-13-08
Signature of, and printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BERGTON, JAMES D 5710 W OAKHILL ST DUNNELLON FL 34433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALLAN, CAROL 10099 N. CAMAE DUNNELLON FL 34433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P W. W. FOSTER 10397 N. RANCH Hand AVE. DUNNELLON, FL. 34433 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALLAN, BARRY 10099 N. CAMAE DUNNELLON FL 34433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. JAMES MAGOFFIN P.O. BOX 27003 TAMPA, FL. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOLLICA, PATRICIA 5711 W. OAKHILL ST. DUNNELLON FL 34433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLEY, CHET 10940 N. MANHATTAN POINT DUNNELLON FL 34433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVOLA, ORA 4601 W. HAZARD DUNNELLON FL 34433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, THOMAS 5940 W. OAKHILL ST. DUNNELLON, FL. 34433 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.W Foster W.W FOSTER 2-13-08 352-489-3264