

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790835 (3)
1. Corporation Name
FLORIDA ANGUS ASSOCIATION



Principal Place of Business: 230 N.E. 25TH AVENUE, OCALA FL 34470
Mailing Address: 230 N.E. 25TH AVENUE, OCALA FL 34470

3. Date Incorporated or Qualified: 06/12/1967
3a. Date of Last Report: 02/08/1995
4. FEI Number: 59-6139014
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: DEAN, H. EDWARD, 230 N.E. 25TH AVENUE, OCALA FL 34470
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|--|--|
| TITLE: PD NAME: WINTER, CALVIN A JR. STREET ADDRESS: 518 PLANTATION LANE CITY-ST-ZIP: THOMASVILLE GA 31792 | <input type="checkbox"/> DELETE | 1.1 TITLE: VPD 1.2 NAME: NORTIA DAVIS 1.3 STREET ADDRESS: 20721 SW 46th AVE 1.4 CITY-ST-ZIP: NEWBERRY, FL 32669 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: VPD NAME: DUDLEY, W.R. D.V.M. STREET ADDRESS: 6996 EAST GATE ROAD CITY-ST-ZIP: MILTON FL 32570 | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: STD NAME: DEAN, EDWARD STREET ADDRESS: 230 N.E. 25TH AVENUE CITY-ST-ZIP: OCALA FL 34470 | <input type="checkbox"/> DELETE | 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> DELETE | 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> DELETE | 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> DELETE | 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
Date: 2-5-94
Daytime Phone #: _____

CR2E037 (12/95)