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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 790835 (3)

1. Corporation Name
FLORIDA ANGUS ASSOCIATION



Principal Place of Business Mailing Address
230 N.E. 25TH AVENUE 230 N.E. 25TH AVENUE
OCALA FL 34470 Ocala FL 34470-7041

3. Date Incorporated or Qualified 06/12/1967 3a. Date of Last Report 02/12/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6139014		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, H. EDWARD
230 N.E. 25TH AVENUE
OCALA FL 34470

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	WINTER, CALVIN A JR.	518 PLANTATION LANE	THOMASVILLE GA 31792	<input checked="" type="checkbox"/>	DEAN EDWARD				<input type="checkbox"/>	<input type="checkbox"/>
VPD	DAVIS, NORTIA	20721 SW 46TH AVE	NEWBERRY FL	<input checked="" type="checkbox"/>	PRESIDENT - DIRECTOR	DEAN EDWARD	330 N.E. 25TH AVE.	OCALA FL 34470	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD	DEAN, EDWARD	230 N.E. 25TH AVENUE	OCALA FL 34470	<input checked="" type="checkbox"/>	VICE PRESIDENT - DIRECTOR	GLYNN KEY	3341 HWY 164	MCDAVID FL. 32568	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	SEC. - TREAS. DIRECTOR	MCCLAU STANLEY E.	RT4 BOX 1561	MADISON, FLORIDA 32340	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1), 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: STANLEY E. MCCLAU
Date: 1-31-97
Daytime Phone #: 904-9938411

CR2E037 (9/96)