

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790835

FILED
Apr 17, 2007
Secretary of State

Entity Name: FLORIDA ANGUS ASSOCIATION

Current Principal Place of Business:

103 N. HORRY ST.
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

103 N. HORRY ST.
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-6139014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNITKER, KAY S CPA
103 N. HORRY ST.
MADISON, FL 32340 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: D () Delete
Name: CONE, JEFF
Address: 2399 WHIPPORWILL DRIVE
City-St-Zip: GREENVILLE, FL 32311

Title: STD () Delete
Name: PEACOCK, PATTI
Address: 1404 MOCKINGBIRD RD.
City-St-Zip: MARIANNA, FL 32448

Title: PD () Delete
Name: PETTEWAY, ROY
Address: 2150 RAMM PETTEWAY RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VD () Delete
Name: BROWN, CHANTELE
Address: 592 SW STEADMAN GLN
City-St-Zip: FORT WHITE, FL 32038

Title: D () Delete
Name: STARNES, ROLAND
Address: 2888 SPRINGFIELD RD
City-St-Zip: MARIANNA, FL 32446

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BAILEY, DON
Address: 8510 BAILEY DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VD (X) Change () Addition
Name: CAMPBELL, CHAD
Address: 21800 N. HWY. 329
City-St-Zip: MICANOPY, FL 32667

Title: VD (X) Change () Addition
Name: CONE, JEFF
Address: 2599 NW WHIPPOORWILL DR.
City-St-Zip: GREENVILLE, FL 32331

Title: SD (X) Change () Addition
Name: JONES, JEAN
Address: P. O. BOX 1612
City-St-Zip: TRENTON, FL 32693

Title: TD (X) Change () Addition
Name: TULP, JAN
Address: 10089 SE CR 245
City-St-Zip: LAKE CITY, FL 32025

Title: D () Change (X) Addition
Name: HINES, STEVEN
Address: 12609 NW 298TH ST.
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DON BAILEY

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date