FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N03300**

1. Corporation Name

SARASOTA COUNTY CATTLEMEN'S ASSOCIATION. INC.

Principal Pl	ace of	Busii
1010 CATTL	.EMAN	RD
SARASOTA	FL 34	232

2. Principal Place of Business

Suite, Apt. #, etc.

US

22

Mailing Address

1010 CATTLEMEN RD SARASOTA FL 34232

2a. Mailing Address

Suite, Apt. #, etc.

US

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FILED Mar 05, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

05/25/1984

59-2665419

4. FEI Number

─ '	City & State City & State				5. Certifcate of Status Desired		\$8.75 Ad Fee Red			
Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00 N	Any Bo	
24	25	29	30	-, ´		Trust Fund Contribution		Added to		
24	9. Name and Address of Curre			<u>, </u>		10. Name and Address of New	Registered	Agent		
2. Italile and Madress of Out of Registries Agent				81	Name		-			
CHORLEAN	07.1				· · ·	TO DO NOT THE NAME OF THE PARTY	4-1-1-X			
BISPHAN, CY J				82	Street A	Address (P.O. Box Number is Not Accep	table)			
1010 CATTLEMAN RD SARASOTA FL 34232			83		· · · · · · · · · · · · · · · · · · ·					
					<u> </u>					
				84	City		FL	85 Zip C	ode	
11 Dumunt	to the provinces of Sections 617.05	02 and 617 150	8 Florida Statutes	the above	-named r	corporation submits this statement for th	e purpose of	changing its r	registered	
office or r	egistered agent, or both, in the State	e of Florida. Suc	th change was auth	ionzed by '	tne corpo	ration's board of directors. I hereby acc	ept the appoi	ntment as reg	istered	
agent. I a	m familiar with, and accept the oblig	ations of, Section	on 617.0503, Florida	a Statutes.						
SIGNATURE Signature bysect or printed name of recustered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
organization, types of			13.		ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTOR	RS IN 12		
TITLE	PD		© OELETE	1.1 TITLE		PD		Change	Addition	
NAME	PADGETT, JOE			1.2 NAME	ļ	Rory MARTIN				
STREET ADDRESS	RT 2, BOX 708			13 STREET	ADDRESS	673 tatum Rd				
	ARCADIA FL			1.4 CITY-ST	!	SANASOTA FI 3424	د.			
CITY-ST-ZIP TITLE	SD		Π ¥ 0ELETE	2.1 TITLE	1	30		Change	Addition	
NAME	HANEY, DON			2.2 NAME		John Panker 4311. Bellave		-		
STREET ADDRESS				2.3 STREET	ADDRESS	4311. Bell Ave		-	٠	
	SARASOTA FL		_	2.4 CITY-S	1	SARASOTA, RI 34231			` _	
CITY-ST-ZIP TITLE	VD VD		DELETE	3.1 TITLE		VD.		Change	Addition	
NAME	DEVANCY, ROBIN			3.2 NAME		David Milburn		-		
STREET ADDRESS	611 BRISTOL LANE			3.3 STREET	ADDRESS	P.O. BOX 3398				
	NOKOMIS FL			3.4. CITY-S		Venice, R1 34293				
CITY-ST-ZIP	TD		DELETE	4.1 TITLE	1-211			Change	Addition	
NAME	BISHPAM, CYRUS, JR.			4. 2 NAME					_	
	(DIO 1155			4.3 STREET	ADDRESS					
STREET ADDRESS	SARASOTA FL			4.4 CITY-51						
CITY-ST-ZIP TITLE	SANASOTA FL		☐ DELETE	5.1 TITLE	-217			Change	☐ Addition	
NAME				5.2 NAME	ł			,	- 	
				5.3 STREET	ADDRESS					
STREET ADDRESS				5.4 CITY-\$1	1					
CITY-ST-ZIP			□ DELETE	6.1 TITLE				[] Change	Addition	
TITLE			LJ OLLLIL	62 NAME				9*		
NAME				6.3 STREET	AUDOESS					
STREET ADDRESS				64 CITY-ST						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

856 Bisphon In 2/18/99

Applied For

Not Applicable