


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90034 038 ****61.25

DOCUMENT # N03300					
1. Entity Name SARASOTA COUNTY CATTLEMEN'S ASSOCIATION, INC.					
Principal Place of Business 7289 PALMER BLVD SARASOTA, FL 34240 US			Mailing Address 7289 PALMER BLVD SARASOTA, FL 34240 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2665419	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTIN, RORY S 7851 CAMPBELL RD SARASOTA, FL 34240			Name STRICKLAND, DON A.		
			Street Address (P.O. Box Number is Not Acceptable) 5640 VANDERIPe Rd		
			City SARASOTA	Zip Code FL 34241	
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 <i>Don A. Strickland</i>		TREASURER		DATE 2/26/04	
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD MCCLAIN, BILL 5503 HOWARD CREEK RD SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD TAYLOR, PAUL 5520 OLD RANCH RD SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD TAYLOR, PAUL 5520 OLD RANCH RD SARASOTA, FL 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD MARTIN, ROBBIE 7756 CAMPBELL RD SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD ANDERSON, ERIC 145 River RD Venice, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KASTOR, DEBBIE 4423 FRIAR TUCK LN SARASOTA, FL 34232	<input type="checkbox"/> Delete <i>Change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KASTOR, DEBBIE 4620 WOOD POINTE WAY SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARITN, RORY 7851 CAMPBELL RD SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRICKLAND, DON 5640 VANDERIPe Rd SARASOTA, FL 34241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, TONY 30303 CLAY GUILY RD SARASOTA, FL 34240	<input type="checkbox"/> Delete <i>Change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carlton, Tony 30303 Clay Gully Rd MYAKKA CITY FL 34251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <i>Don A. Strickland</i>		DON A. STRICKLAND		DATE 3/4/04 DAYTIME PHONE # 941-371-1771	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	