
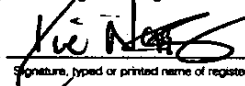
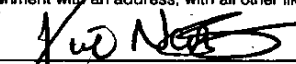


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90051 031 \*\*\*\*61.25

<b>DOCUMENT # N03300</b>			
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
6. Name and Address of Current Registered Agent STRICKLAND, DON A 5640 VANDERIPE RD. SARASOTA, FL 34241		7. Name and Address of New Registered Agent Name <b>Rick NOBLES</b> Street Address (P.O. Box Number is Not Acceptable) <b>7803 Saddle Creek Trail</b> City <b>Sarasota</b> FL Zip Code <b>34241</b>	
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 		DATE <b>1-27-05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DON STRICKLAND 5640 Vanderipe Rd. SARASOTA FL 34241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> President TAYLOR, PAUL 5520 OLD RANCH RD SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP President CARL ASKINS Same 2801 Joshua Dewe SARASOTA FL 34240 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD ANDERSON, ERIC 145 RIVER RD. VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dick Kelly 4536 LINWOOD Drive SARASOTA FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KASTOR, DEBBIE 4820 WOOD POINTE WAY SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pierre Stasil 4909 O.BAR ROAD SARASOTA FL 34241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRICKLAND, DON 5640 VANDERIPE RD. SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, TONY 30303 CLAY GULLY RD. MYAKKA CITY, FL 34251 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 		DATE: <b>1-27-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Citytime Phone #	

50013070



01242005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2665419 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

1-27-05

Filing Fee is \$61.25 Due by May 1, 2005

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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE:  DATE: **1-27-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Citytime Phone #