

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03300

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: SARASOTA COUNTY CATTLEMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

7289 PALMER BLVD  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

7289 PALMER BLVD  
SARASOTA, FL 34240 US

**New Mailing Address:**

FEI Number: 59-2665419      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOOK, CHRISTINA L  
38400 CLAY GULLY RD  
MYAKKA CITY, FL 34251 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: VD ( ) Delete  
Name: TAYLOR, PAUL R JR  
Address: 5520 OLD RANCH RD  
City-St-Zip: SARASOTA, FL 34241

Title: PD ( ) Delete  
Name: STRICKLAND, DON  
Address: 5640 VANDERIPE RD  
City-St-Zip: SARASOTA, FL 34241

Title: 2VD ( ) Delete  
Name: PLACE, DENNIS  
Address: 34400 CLAY GULLY RD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: SD ( ) Delete  
Name: ROGERS, STEVE  
Address: 6204 GOLD FINCH STREET  
City-St-Zip: SARASOTA, FL 34241

Title: TD ( ) Delete  
Name: SCHOOK, CHRISTINA L  
Address: 38400 CLAY GULLY RD  
City-St-Zip: MYAKKA CITY, FL 34251

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TAYLOR, PAUL R JR  
Address: 5520 OLD RANCH RD  
City-St-Zip: SARASOTA, FL 34241

Title: 1VD (X) Change ( ) Addition  
Name: JOHNSTON, CHUCK  
Address: 960 SPRINGBROOK FARM ROAD  
City-St-Zip: SARASOTA, FL 34240

Title: SD (X) Change ( ) Addition  
Name: LONDON, JIM  
Address: 15060 RAWLS ROAD  
City-St-Zip: SARASOTA, FL 34240

Title: 2VD (X) Change ( ) Addition  
Name: ROGERS, STEVE  
Address: 6204 GOLD FINCH STREET  
City-St-Zip: SARASOTA, FL 34241

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINA L. SCHOOK

TD

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date