FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:14

DOCUMENT # N11899 (4)

1. Corporation Name

MANATEE COUNTY CATTLEWOMEN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% JEAN SLAUGHTER 3704 51 STREET EAST BRADENTON FL 34208	% JEAN SLAUGHTER 3704 51 STREET EAST BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1985
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2816095 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☒ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARLLEE, JOHN P III
1205 MANATEE AVENUE WEST
BRADENTON FL 33505

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	V	☐ Change ☒ Addition
NAME	BALLARD, DIANA	1.2 NAME	MELANIE SKINNER	
STREET ADDRESS	ROUTE 1 BOX 407-60	1.3 STREET ADDRESS	P O BOX 94	
CITY-ST-ZIP	MYAKKA CITY FL	1.4 CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BETTS, DEBBIE	2.2 NAME		
STREET ADDRESS	RT 1, BOX 115 A	2.3 STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, KATHY	3.2 NAME		
STREET ADDRESS	33410 SINGLETARY RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, JANE	4.2 NAME		
STREET ADDRESS	10120 - 25 ST. E.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PARRISH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BLACKSTONE, FAYE	5.2 NAME		
STREET ADDRESS	P.O. BOX 13	5.3 STREET ADDRESS		
CITY-ST-ZIP	PARRISH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, LINDA	6.2 NAME		
STREET ADDRESS	11401 A.D. TAYLOR RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jane A Robertson 3-6-95 813-776-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JANE A ROBERTSON, TRES

0002828