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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34208-6853

3. Date Incorporated or Qualified: 11/05/1985
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2816095 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SKINNER, MELANIE		1.2 NAME		
STREET ADDRESS	P.O. BOX 94 (MYAKKA-WAUCHULA ROAD)		1.3 STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PARKS, LINDA		2.2 NAME		
STREET ADDRESS	4908 51ST STREET EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CACCHIOTTI, DARLENE		3.2 NAME		
STREET ADDRESS	RT 1 BOX 70E		3.3 STREET ADDRESS	42287 Hwy 70 E	
CITY-ST-ZIP	MYAKKA CITY FL		3.4 CITY-ST-ZIP	MYAKKA City FL 34251	
TITLE	T	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLACKSTONE, FAYE		5.2 NAME		
STREET ADDRESS	P.O. BOX 13		5.3 STREET ADDRESS	11820 US 301 N.	
CITY-ST-ZIP	PARRISH FL		5.4 CITY-ST-ZIP	Parrish, Fl. 34219	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PARRISH, JULIA		6.2 NAME		
STREET ADDRESS	P.O. BOX 7 (CLAY GULLY ROAD)		6.3 STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

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