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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11899 (4)
1. Corporation Name
MANATEE COUNTY CATTLEWOMEN ASSOCIATION, INC.

Principal Place of Business % JEAN SLAUGHTER 3704 51 STREET EAST BRADENTON FL 34208	Mailing Address % JEAN SLAUGHTER 3704 51 STREET EAST BRADENTON FL 34208
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified
11/05/1985
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
7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent HARLEE, 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 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	UD
NAME	SKINNER, MELANIE	1.2 NAME	DIANA BALLARD
STREET ADDRESS	P.O. BOX 94 (MYAKKA-WAUCHULA ROAD)	1.3 STREET ADDRESS	27991 CROSBY RD
CITY-ST-ZIP	MYAKKA CITY FL	1.4 CITY-ST-ZIP	MYAKKA CITY FL 34251
TITLE	VD	2.1 TITLE	P
NAME	PARKS, LINDA	2.2 NAME	
STREET ADDRESS	4908 51ST STREET EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	CACCHIOTTI, DARLENE	3.2 NAME	LINDA BRITT, 6A19
STREET ADDRESS	422287 HROY 70 E.	3.3 STREET ADDRESS	PO BOX 135, 120TH AVE E.
CITY-ST-ZIP	MYAKKA CITY FL	3.4 CITY-ST-ZIP	PARRISH FL 34219
TITLE	T	4.1 TITLE	
NAME	ROBERTSON, JANE	4.2 NAME	
STREET ADDRESS	10120 - 25 ST. E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL 34219	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BLACKSTONE, FAYE	5.2 NAME	
STREET ADDRESS	11820 U.S. 301 N. (i	5.3 STREET ADDRESS	P.O. Box 13
CITY-ST-ZIP	PARRISH FL 34219	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PARRISH, JULIA	6.2 NAME	
STREET ADDRESS	35200 clay Gully Rd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL 34251	6.4 CITY-ST-ZIP	

14. 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 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, PRESIDENT 3/3/98 941-776-1721

CR2E037 (10/97)