## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N11899**

1. Entity Name

## MANATEE COUNTY CATTLEWOMEN ASSOCIATION, INC.



FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90139 028 \*\*\*\*61.25

IMMARILE OCCUPY OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE				
Principal Place of Business  % JEAN SLAUGHTER 3704 51 STREET EAST BRADENTON FL 34208		Mailing Address % JEAN SLAUGHTER 3704 51 STREET EAST BRADENTON FL 34208		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number <b>59-2816095</b> Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
	6. Name and Address of Carrent	t flogioteiou Agont prosesses	Name	
1205 MAI	i, John P III Natee Avenue West Ton Fl 33505		Street A	t Address (P.O. Box Number is Not Acceptable)
OFFICE	101112 00000		City	FL Zip Code
*IGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	E: Registered Agent signs	gnature required when reinstating) DATE
ļ	FILE NOW: FEE IS \$61.25		mpaign Financing Contribution.	☐ Added to Fees Florida Department of State
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, KIM 8755 ERIE LN PARRISH FL 34219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, KIM SS 8755 ERIELN CARRISH FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICKERS, SHERIE 6791 283 D ST E MYAKKA CITY FL 34219	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN, CINDSEY PRES Change Addition 10949 CORBET JOHN RD PARRISHIFL SYZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTSON, JANE 10120 - 25 ST. E. PARRISH FL 34219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GILBERT, CAROLYN  Way Lokraine RD  BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, DONNA	<b>X</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Change Addition ALBRITION, IRENE 14950 ALBRITION RD  MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, LINDA	<b>≫</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Change Addition  ELUS, PAM  4314 LORRAINE RD  BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEHLING, WENDY	☐ Deletè	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

JASECANRABERTE DITRES

in 03/

941-776-1721