

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED
 05 MAY - 1 AM 10:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N34962** (3)
 1. Corporation Name
FLORIDA MEAT GOAT ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 140303 GAINESVILLE FL 32614 US
PO BOX 140303 GAINESVILLE FL 32614-0303 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/27/1989** 3a. Date of Last Report **07/12/1994**

4. FEI Number **59-2983485** 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. 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
CARPENTER, RONALD A.
4127 NW 27TH LANE
GAINESVILLE FL 32606

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 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 registering)

12. OFFICERS AND DIRECTORS

TITLE **P**
 NAME **KENYON, JARRETT KEN**
 STREET ADDRESS **RT 2, BOX 271**
 CITY-ST-ZIP **ALACHUA FL**

TITLE **V**
 NAME **POWIS, MARY**
 STREET ADDRESS **RT 1 BOX 31**
 CITY-ST-ZIP **ALACHUA FL**

TITLE **T**
 NAME **LUTGE, MICHAELYN C**
 STREET ADDRESS **17006 S C R 325**
 CITY-ST-ZIP **CROSS CRK FL**

TITLE **S**
 NAME **POWIS, BILL**
 STREET ADDRESS **RT 1 BOX 301**
 CITY-ST-ZIP **ALACHUA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME **P/D**

2.1 TITLE Change Addition
 2.2 NAME **V/D Smith, Red**
 2.3 STREET ADDRESS **Rt. 2, Box 1525**
 2.4 CITY-ST-ZIP **Morven, GA 31638**

3.1 TITLE Change Addition
 3.2 NAME **T/D Shaw, Carmen**
 3.3 STREET ADDRESS **Rt. 2, Box 1125**
 3.4 CITY-ST-ZIP **High Springs, FL 32643**

4.1 TITLE Change Addition
 4.2 NAME **S/D Singley, Diane**
 4.3 STREET ADDRESS **1415 NE 7 Terrace**
 4.4 CITY-ST-ZIP **Gainesville, FL 32601**

5.1 TITLE Change Addition
 5.2 NAME **D Bustanoby, Ruth**
 5.3 STREET ADDRESS **5763 Marion County Road**
 5.4 CITY-ST-ZIP **Lady Lake, FL 32669-9725**

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on an attachment with an address).

SIGNATURE: Carmen Shaw Treasurer 4/19/95 904/454-4459
(Signature) (Print Name) (Date) (Telephone Number)