

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 08 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N34962 (3)**

1. Corporation Name  
**FLORIDA MEAT GOAT ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>P O BOX 14000<br/>GAINESVILLE FL 32614<br/>US</b> | Mailing Address<br><b>PO BOX 140000<br/>GAINESVILLE FL 32614-0000<br/>US</b> |
|---|--|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>10/27/1989</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 4. FEI Number<br><b>59-2983485</b>                     |   |   |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

**9. Name and Address of Current Registered Agent**

**CARPENTER, RONALD A.  
4127 NW 27TH LANE  
GAINESVILLE FL 32608**

**10. Name and Address of New Registered Agent**

|  |           |
|--|-----------|
| <b>81</b> Name   |           |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |           |
| <b>83</b>  |           |
| <b>84</b> City   | <b>FL</b> |
| <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE<br><b>PD</b>         | <b>KENYON, JARRETT KEN</b> <input type="checkbox"/> DELETE         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>21329 OLD BELLAMY RD</b>  | 1.2 NAME  |  |
| STREET ADDRESS             | <b>ALACHUA FL</b>  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>VD</b>         | <b>WEEKS, DEANEYS W</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>4580 NW 10TH ST</b>   | 2.2 NAME  | <b>Gus Muller</b>  |
| STREET ADDRESS             | <b>BELL FL</b>   | 2.3 STREET ADDRESS                                    | <b>12550 SE HWY 441</b>  |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | <b>Belleview, FL 34420</b>   |
| TITLE<br><b>TD</b>         | <b>STEPHENS, JAMES W</b> <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>P O BOX 988 N/A</b>   | 3.2 NAME  | <b>STD</b>   |
| STREET ADDRESS             | <b>ALACHUA FL</b>  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>SD</b>         | <b>FOGG, DEE</b> <input checked="" type="checkbox"/> DELETE        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>4870 SW 60 AVE</b>  | 4.2 NAME  |  |
| STREET ADDRESS             | <b>TRENTON FL</b>  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>D</b>          | <b>KENYON, CAROL</b> <input checked="" type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>21329 OLD BELLAMY ROAD</b>                                      | 5.2 NAME  | <b>Jerri muller</b>  |
| STREET ADDRESS             | <b>ALACHUA FL</b>  | 5.3 STREET ADDRESS                                    | <b>12550 SE HWY 441</b>  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | <b>Belleview, FL 34420</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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: James W. Stephens James W. Stephens 4/27/98 904 462-4148

CR2E037 (10/97)