

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90068 039 \*\*\*\*61.25

0011742

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N34962**

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

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



|   |  |  |
|---|--|--|
| 2. Principal Place of Business<br>21 <b>2563 SW 208th St</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>2563 SW 208th St</b><br>Suite, Apt. #, etc. | 3. Date Incorporated or Qualified<br><b>10/27/1989</b>   |
| 22  | 27   | 4. FEI Number<br><b>59-2983485</b><br>Applied For<br><input type="checkbox"/> Not Applicable                       |
| 23 <b>Lake City, FL</b><br>City & State   | 28 <b>Lake City, FL</b><br>City & State                                  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                    |
| 24 <b>32024</b> 25 <b>Suwannee</b><br>Zip Country                                   | 29 <b>32024</b> 30 <b>Suwannee</b><br>Zip Country                        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |

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   | <b>FL</b> |
| 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                      | PD <input checked="" type="checkbox"/> DELETE  | 1.1 TITLE   | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | KENYON, JARRETT KEN                            | 1.2 NAME  | Arnold Greene   |
| STREET ADDRESS             | 21329 OLD BELLAMY RD                           | 1.3 STREET ADDRESS                                    | 2563 SW 208th St  |
| CITY-ST-ZIP                | ALACHUA FL                                     | 1.4 CITY-ST-ZIP                                       | Lake City, FL 32024   |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE  | 2.1 TITLE   | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MULLER, GUS                                    | 2.2 NAME  | Lewis Cox   |
| STREET ADDRESS             | 12550 SE HWY 441                               | 2.3 STREET ADDRESS                                    | Rt 3 Box 78C  |
| CITY-ST-ZIP                | BELLEVIEW FL 34420                             | 2.4 CITY-ST-ZIP                                       | Lake City, FL 32025   |
| TITLE                      | STD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | STEPHENS, JAMES W                              | 3.2 NAME  | Cynthia D. Greene   |
| STREET ADDRESS             | P O BOX 988 N/A                                | 3.3 STREET ADDRESS                                    | 2563 SW 208th St  |
| CITY-ST-ZIP                | ALACHUA FL                                     | 3.4 CITY-ST-ZIP                                       | Lake City, FL 32024   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE   | 4.1 TITLE   | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | MULLER, JERRI                                  | 4.2 NAME  | Carol Moss  |
| STREET ADDRESS             | 12550 SE HWY 441                               | 4.3 STREET ADDRESS                                    | 8301 NE Waldo Rd  |
| CITY-ST-ZIP                | BELLEVIEW FL 34420                             | 4.4 CITY-ST-ZIP                                       | Gainesville, FL 32609   |
| TITLE                      | <input type="checkbox"/> DELETE                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| 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, with all other like empowered.

SIGNATURE: Cynthia D. Greene DATE: 5-12-99 DAYTIME PHONE: 904-963-3970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)