


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90038 012 ****61.25

DOCUMENT # N34962

1. Entity Name
FLORIDA MEAT GOAT ASSOCIATION, INC.



Principal Place of Business
6915 RAILROAD ST
LIVE OAK, FL 32060 US

Mailing Address
6915 RAILROAD ST
LIVE OAK, FL 32060 US

2. Principal Place of Business
9210 NW 59 ST

3. Mailing Address
9210 NW 59 ST

Suite, Apt. #, etc.
Alachua Missing Pines Farm

City & State
GAINESVILLE, FL

City & State
Gainesville FL

Zip
32653

Country
USA

Zip
32653

Country
USA



01242004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

CARPENTER, RONALD A.
4127 NW 27TH LANE
GAINESVILLE, FL 32606

New Zip Code
32653

4. FEI Number
59-2983485

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL Zip Code **32653**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TOUCHSTONE, RICHARD PO B 831 LAKE BUTLER, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWART, KAREN 6915 RAILROAD ST LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEY, TODD PO B 5241 GAINESVILLE, FL 32627	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORMAN, DIANE 9210 NW 59TH ST GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Add Zip Code	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GORMAN, THOMAS A 9210 NW 59 ST Gainesville, FL 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESSECK, Richard 4760 NW 55 ST BELL, FL 32619	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Hill, Helen RT 3, Box 1560 Lake Butler, FL 32654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Adri Pretorius P.O. B 867 Chiefland, FL 32644	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: T.A. GORMAN, Treas. 2/01/04 352 3776157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #