


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90113 025 ****61.25

DOCUMENT # N34962					
1. Entity Name FLORIDA MEAT GOAT ASSOCIATION, INC.					
Principal Place of Business 9210 NW 59 ST. ALACHUA MISSING PINES FARM GAINESVILLE, FL 32653 US			Mailing Address 9210 NW 59 ST GAINESVILLE, FL 32653 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent CARPENTER, RONALD A. 4127 NW 27TH LANE GAINESVILLE, FL 32653				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOUCHSTONE, RICHARD		NAME		
STREET ADDRESS	PO B 831		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER, FL 32054		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORMAN, THOMAS A		NAME		
STREET ADDRESS	9210 NW 59 ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSECK, RICHARD		NAME		
STREET ADDRESS	4760 NW 55 ST		STREET ADDRESS		
CITY-ST-ZIP	BELL, FL 32619		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, HELEN		NAME	VAN HOAN, John	
STREET ADDRESS	RT 3 BOX 1560		STREET ADDRESS	PO BOX 1476	
CITY-ST-ZIP	LAKE BUTLER, FL 32054		CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADRI, PRETORIOUS		NAME		
STREET ADDRESS	P.O. BOX 867		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND, FL 32644		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	STRICKLAND, DIANE	
STREET ADDRESS			STREET ADDRESS	1734 CR 227 A	
CITY-ST-ZIP			CITY-ST-ZIP	OXFORD, FL 34484	
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: <u>TAGorman</u>		TAGORMAN, Treasurer		4/13/05 352 377-6157	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	