

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34962

FILED  
Apr 21, 2007  
Secretary of State

Entity Name: FLORIDA MEAT GOAT ASSOCIATION, INC.

**Current Principal Place of Business:**

1734 CR 227A  
OXFORD, FL 34484 US

**New Principal Place of Business:**

**Current Mailing Address:**

1734 CR 227A  
OXFORD, FL 34484 US

**New Mailing Address:**

FEI Number: 61-1475051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIANE STRICKLAND  
1734 CR 227A  
OXFORD, FL 34484 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HILL, HELEN  
Address: 6378 S.W. CR-791,  
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: VP ( ) Delete  
Name: VANHORN, JOHN A  
Address: P.O. BOX 1476  
City-St-Zip: SORRENTO, FL 32776 US

Title: S ( ) Delete  
Name: LUCAS, JOANNE  
Address: 20014 NW 262ND AV  
City-St-Zip: HIGH SPRINGA, FL 32643

Title: T ( ) Delete  
Name: GORMAN, TOM  
Address: 9210 NW 59TH ST  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: EZENWA, IKE  
Address: 2886 SR 29 N  
City-St-Zip: IMMOKALLEE, FL 34142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: STRICKLAND, DIANE  
Address: 1734 CR 227A  
City-St-Zip: OXFORD, FL 34484

Title: D (X) Change ( ) Addition  
Name: THOMPSON, FRANK  
Address: 1658 EAGLE NEST LANE  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE STRICKLAND

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04/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date