

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34962

FILED
Apr 04, 2009
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: DESIN, ROBERTA
Address: PO BOX 418
City-St-Zip: OSTEEN, FL 32764

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

Title: D () Delete
Name: MASTERS, MARSHALL
Address: BOX 155-AMADDOX RD
City-St-Zip: MARIANNA, FL 32448

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

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

I hereby certify that the information supplied with this filing does not qualify 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

RA

04/04/2009

Electronic Signature of Signing Officer or Director

Date