



**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

03-11-2003 90136 019 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2983485	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CARPENTER, RONALD A 4127 NW 27TH LANE GAINESVILLE FL 32608				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	
State				State	
Zip Code				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		SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)		DATE	
FILE NOW: FEE IS \$61.25		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	PD President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUCHSTONE, RICHARD	President	NAME		
STREET ADDRESS	PO B 831		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL 00000	PD	CITY-ST-ZIP		
TITLE	TD Acting	<input type="checkbox"/> Delete	TITLE	Acting Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWART, KAREN	Treasurer	NAME	SWART, KAREN	TD, Acting
STREET ADDRESS	6915 RAILROAD ST		STREET ADDRESS	6915 Railroad St	
CITY-ST-ZIP	LIVE OAK FL 32060		CITY-ST-ZIP	Live oak FL	
TITLE	Secretary	<input checked="" type="checkbox"/> Delete	TITLE	Diane Goeman, Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, JOANNE		NAME	Diane Goeman	
STREET ADDRESS	20014 NW 281 AVE		STREET ADDRESS	9210 NW 59th St	
CITY-ST-ZIP	HORSESHOE BEACH FL 32848		CITY-ST-ZIP	Gainesville FL 32653	SD
TITLE	VB Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEY, TODD	Vice President	NAME		
STREET ADDRESS	PO B 5241	President	STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32627	VD	CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, 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: <i>Stuart...</i>		SIGNATURE: <i>Stuart...</i>		DATE: 2/3/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E037 (10/02)