

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90305 014 ****61.25



DOCUMENT # N96000005009
 1. Entity Name
WEST FLORIDA LIVESTOCK ASSOCIATION INC.

Principal Place of Business
**2140 W. JEFFERSON STREET
 QUINCY, FL 32351**

Mailing Address
**2140 W. JEFFERSON STREET
 QUINCY, FL 32351**

94049407



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04062004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3408389

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**GRANT, HENRY G
 2140 W JEFFERSON ST
 QUINCY, FL 32351**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	VANLANDINGHAM, BILLY	
STREET ADDRESS	519 TELOGIA CREEK RD	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRANT, HENRY	
STREET ADDRESS	2140 W. JEFFERSON ST.	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	T	<input type="checkbox"/> Delete
NAME	POUCHER, AL	
STREET ADDRESS	1720 TELOGIA CREEK RD	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAXWELL, ROBBIE	
STREET ADDRESS	95 WMARTIN RD	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERNARD, LEWIS	
STREET ADDRESS	591 LEWIS LN	
CITY-ST-ZIP	QUINCY, FL 323519313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JOHN ALLEN	
STREET ADDRESS	96 JOHN ALLEN SMITH RD	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32334	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Mitch	
STREET ADDRESS	5829 Mt. Pleasant Rd.	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Lynn	
STREET ADDRESS	49 Cox Lane	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, Gerard	
STREET ADDRESS	4601 Mt. Pleasant Rd.	
CITY-ST-ZIP	Quincy, FL 32351	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Henry G. Grant **4/8/04** (850) 875-7255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #