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FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 790835 (3)

1. Corporation Name

FLORIDA ANGUS ASSOCIATION

Principal Place of Business

230 N.E. 25TH AVENUE  
OCALA FL 34470

Mailing Address

230 N.E. 25TH AVENUE  
OCALA FL 34470-70413. Date Incorporated or Qualified  
06/12/19673a. Date of Last Report  
02/12/1996

4. FEI Number

59-6139014

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, H. EDWARD  
230 N.E. 25TH AVENUE  
OCALA FL 34470

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WINTER, CALVIN A JR.  
STREET ADDRESS 518 PLANTATION LANE  
CITY-ST-ZIP THOMASVILLE GA 31792☒ DELETETITLE VPD  
NAME DAVIS, NORTIA  
STREET ADDRESS 20721 SW 46TH AVE  
CITY-ST-ZIP NEWBERRY FL☒ DELETETITLE STD  
NAME DEAN, EDWARD  
STREET ADDRESS 230 N.E. 25TH AVENUE  
CITY-ST-ZIP Ocala FL 34470☒ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☒ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change ☒ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☒ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STANLEY E. McCLAUDE  
1-31-97 904-9938411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-9938411

CR2E037 (9/96)