

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90034 029 \*\*\*\*61.25

**DOCUMENT # 790835**

1. Entity Name  
**FLORIDA ANGUS ASSOCIATION**



Principal Place of Business  
**103 N. HARRY ST.  
MADISON, FL 32340**

Mailing Address  
**103 N. HARRY ST.  
MADISON, FL 32340**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-6139014**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNITKER, KAY S CPA  
103 N. HARRY ST.  
MADISON, FL 32340**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **D** ☐ Delete  
NAME **WARREN, MATT**  
STREET ADDRESS **P.O. BOX 2782**  
CITY-ST-ZIP **CHIEFLAND, FL 32644**

TITLE **STD** ☒ Delete  
NAME **BROWN, CHONTELLE S**  
STREET ADDRESS **592 SW STEADMAN GLN**  
CITY-ST-ZIP **FORT WHITE, FL 32038**

TITLE **PD** ☒ Delete  
NAME **GILMORE, DEBBIE**  
STREET ADDRESS **400 MEHANG ROL**  
CITY-ST-ZIP **MOLINO, FL 32577**

TITLE **VD** ☒ Delete  
NAME **GUFFEY, CRAIG**  
STREET ADDRESS **1721 CEDAR SPRINGS RD**  
CITY-ST-ZIP **ASHFORD, AL 36312**

TITLE **D** ☒ Delete  
NAME **PETTEWAY, ROY**  
STREET ADDRESS **2150 RAMON PETTEWAY RD**  
CITY-ST-ZIP **ZOLFO SPRINGS, FL 33890**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Change ☒ Addition  
NAME **Patti Peacock**  
STREET ADDRESS **1404 Mockingbird Rd**  
CITY-ST-ZIP **Marianna, FL 32448**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Craig Guffey**  
STREET ADDRESS **1721 Cedar Springs Rd**  
CITY-ST-ZIP **Ashford AL 36312**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Roy Petteway**  
STREET ADDRESS **2150 Ramon Petteway Rd**  
CITY-ST-ZIP **Zolfo, Springs FL 33890**

TITLE **D** ☐ Change ☒ Addition  
NAME **Deway Morgan**  
STREET ADDRESS **674 Hunters Rd**  
CITY-ST-ZIP **Sylvania, GA 30467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: **Patti Peacock** **Patti Peacock**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-04** **850-482-0337**  
Date Daytime Phone #