

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2005 08:00 AM --
Secretary of State**

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**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3408389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRANT, HENRY G
2140 W JEFFERSON ST
QUINCY, FL 32351**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANLANDINGHAM, BILLY 519 TELOGIA CREEK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANT, HENRY 2140 W. JEFFERSON ST. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POUCHER, AL 1720 TELOGIA CREEK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, MITCH 5829 MT PLEASANT RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, LYNN 49 COX LANE QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, GERARD 4601 MT PLEASANT RD QUINCY, FL 32351

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01/20/05-80049-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/05 (850) 875-7255
Date Daytime Phone #