

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90152 028 ****61.25

DOCUMENT # 790835

1. Entity Name
FLORIDA ANGUS ASSOCIATION



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

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

40068375



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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. HORRY ST.
MADISON, FL 32340**

**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, 2006**

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
**D
CONE, JEFF
2399 WHIPPORWILL DRIVE
GREENVILLE, FL 32311**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
PEACOCK, PATTI
1404 MOCKINGBIRD RD.
MARIANNA, FL 32448**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
PETTEWAY, ROY
2150 RAMM PETTEWAY RD
ZOLFO SPRINGS, FL 33890**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
BROWN, CHANTELE
592 SW STEADMAN GLN
FORT WHITE, FL 32038**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MORGAN, DEWEY *Starnes Roland*
624 HUNTERS RD. *2888 Springfield Rd*
SYLVANIA, GA 30467 *Marianna, FL 32446***

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4-19-06

Date

850-482-9620

Daytime Phone #