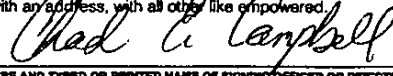


FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90009 029 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAILEY, DON 8510 BAILEY DRIVE CLERMONT, FL 34711 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Chad Campbell 21800 N. Hwy 329 Micanopy, FL 32667 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMPBELL, CHAD 21800 N. HWY. 329 MICANOPY, FL 32667 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Robert Demaree 2519 East C. 4976 Bushnell, FL 33513 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONE, JEFF 2599 NW WHIPPOORWILL DR. GREENVILLE, FL 32331 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Kell; Jo Craig 10662 S US 301 Webster, FL 33597 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JONES, JEAN P. O. BOX 1612 TRENTON, FL 32693 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director J. Luis Rodriguez 185 Omega Dr Monticello, FL 32344 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TULP, JAN 10089 SE CR 245 LAKE CITY, FL 32025 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HINES, STEVEN 12609 NW 298TH ST. HIGH SPRINGS, FL 32643 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 any address, with all other like empowered.			
SIGNATURE: 		5-8-08 352-466-4004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Chad E. Campbell