

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40042

FILED
Jul 01, 2009
Secretary of State

Entity Name: HILLSBOROUGH COUNTY CATTLEMEN'S ASSOCIATION, INC

Current Principal Place of Business:

6404 ST RD 39 S
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

4203 W PEACOCK RD
PLANT CITY, FL 33565

New Mailing Address:

FEI Number: 59-3135653 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEACOCK, ALLEN D
4203 PEACOCK RD
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAYTON, RONALD
Address: 17217 OWEN RD.
City-St-Zip: WIMAUMA, FL 33598

Title: VD () Delete
Name: BENNETT, LARRY
Address: 8525 WLINEBAUGH AVE.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: JOHNSON, DONALD
Address: 2202 W KEYSVILLE RD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: GUYNN, LAYTON
Address: 17217 OWENS RD
City-St-Zip: WIMAUMA, FL 33598

Title: D () Delete
Name: PEACOCK, ALIEN D
Address: 4203 W PEACOCK RD.
City-St-Zip: PLANT CITY, FL 33565

Title: DT () Delete
Name: GRIFFIN, JAMES
Address: 3120 BLOUND RD
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD L. GUYNN

PRES

07/01/2009

Electronic Signature of Signing Officer or Director

Date