

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002089

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** HIGHLANDS COUNTY CATTLEMEN'S ORGANIZATION, INC.

**Current Principal Place of Business:**

4825 US 27  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 321  
SEBRING, FL 33870

**New Mailing Address:**

PO BOX 321  
SEBRING, FL 33871

**FEI Number:** 27-2018119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CULLENS, CHARLES S  
9235 COUNTY RD 635  
SEBRING, FL 33875 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  
Name: PERRY, STANLEY  
Address: PO BOX 388  
City-St-Zip: VENUS, FL 33960

Title: VP  
Name: BRONSON, SAM  
Address: PO BOX 426  
City-St-Zip: LORIDA, FL 33857

Title: T  
Name: CULLENS, CHARLES S  
Address: PO BOX 341  
City-St-Zip: SEBRING, FL 33871

Title: DIR  
Name: JOHNSON, JIM  
Address: PO BOX 381  
City-St-Zip: LORDA, FL 33857

Title: DIR  
Name: CAUSEY, JOHN  
Address: 108 LAKE JUNE RD  
City-St-Zip: LAKE PLACID, FL 33852

Title: SEC  
Name: FELLS, ANDREW J  
Address: P O BOX 3439  
City-St-Zip: SEBRING, FL 33870

I hereby 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 all other like empowered.

SIGNATURE: CHARLES S. CULLENS

TRES

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date