FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 12 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707951 (0)

1. Corporation Name

FLORIDA CATTLEWOMEN, INC.

Principal Place of Business	Mailing Address
1818 N BERMUDA AVENUE P.O. BOX 421929 KISSIMMEE FL 34741-3221	1818 N BERMUDA AVENUE P.O. BOX 421929 KISSIMMEE FL 34741-3221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1964
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6155011 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LOLLIS, BOBBIE J.
1818 N BERMUDA AVE
KISSIMMEE FL 32741

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRES	☒ Change ☐ Addition
NAME	BENNETT, LINDA	12 NAME	MARLENE STRICKLAND	
STREET ADDRESS	4209 HUDSON LANE	13 STREET ADDRESS	5640 VANDERIPE RD	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	PE	21 TITLE	PRES. ELECT	☒ Change ☐ Addition
NAME	STRICKLAND, MARLENE	22 NAME	LINDA PARKS	
STREET ADDRESS	5640 VANDERIPE RD	23 STREET ADDRESS	4908 51ST STREET E.	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	VP	31 TITLE	1ST VP	☒ Change ☐ Addition
NAME	CRUTCHFIELD, ELOISE	32 NAME	DIANA LEE	
STREET ADDRESS	5770 HWY 77	33 STREET ADDRESS	8414 CR 221	
CITY-ST-ZIP	GRACEVILLE FL	34 CITY-ST-ZIP	WILDWOOD, FL 32301	
TITLE	VPD	41 TITLE	2ND VP-D	☒ Change ☐ Addition
NAME	HUSS, KELLY	42 NAME	STACEY WOOD	
STREET ADDRESS	4360 MISSION RD	43 STREET ADDRESS	2902 ALBERT ROAD	
CITY-ST-ZIP	DADE CITY FL	44 CITY-ST-ZIP	YEEHAW JUNCTION FL 34972	
TITLE	RSD	51 TITLE	REC. SECRETARY-D	☒ Change ☐ Addition
NAME	LEE, DIANE	52 NAME	BECKY HOLLEY	
STREET ADDRESS	8414 CR. 221	53 STREET ADDRESS	1837 POYNER ROAD	
CITY-ST-ZIP	WILDWOOD FL	54 CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE	TD	61 TITLE	TREASURER-D	☒ Change ☐ Addition
NAME	WOOD, STACY	62 NAME	CHERYL LANDGREBE	
STREET ADDRESS	2902 ALBERT RD	63 STREET ADDRESS	1402 SUNNYHILLS DR	
CITY-ST-ZIP	TEEHAW JUNCTION FL	64 CITY-ST-ZIP	BRANDON, FL 33510	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheryl Landgrebe 4/25/95 1-800-282-7706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHERYL LANDGREBE

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