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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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

3. Date Incorporated or Qualified: **10/12/1964**
3a. Date of Last Report: **04/28/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☑ DELETE	1.1 TITLE	D PRESIDENT	☑ Change ☐ Addition
NAME	STRICKLAND, MARLENE		1.2 NAME	STACEY WOOD	
STREET ADDRESS	5640 VANDERIPE ROAD		1.3 STREET ADDRESS	2902 ALBERT RD.	
CITY-ST-ZIP	SARASOTA FL 34241		1.4 CITY-ST-ZIP	YEEHAW JUNCTION, FL 34992	
TITLE	D	☑ DELETE	2.1 TITLE	D PRESIDENT-ELECT	☑ Change ☐ Addition
NAME	WOOD, STACY		2.2 NAME	KELLY HUSS	
STREET ADDRESS	2902 ALBERT RD		2.3 STREET ADDRESS	35920 St. Rd 52	
CITY-ST-ZIP	YEEHAW JUNCTION FL		2.4 CITY-ST-ZIP	DADE CITY, FL 33526	
TITLE	D	☑ DELETE	3.1 TITLE	D 1ST VICE PRESIDENT	☑ Change ☐ Addition
NAME	LANDGREBE, CHERYL		3.2 NAME	CHERYL LANDGREBE	
STREET ADDRESS	1402 SUNNYHILLS DR		3.3 STREET ADDRESS	1402 SUNNY HILLS DR.	
CITY-ST-ZIP	BRANDON FL 33510		3.4 CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	DT	☑ DELETE	4.1 TITLE	D 2ND VICE-PRESIDENT	☑ Change ☐ Addition
NAME	HUSS, KELLY		4.2 NAME	Kim WEICH	
STREET ADDRESS	35920 ST RD 52		4.3 STREET ADDRESS	9320 MAPLE LANE	
CITY-ST-ZIP	DADE CITY FL 33526		4.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33917	
TITLE	1VP	☑ DELETE	5.1 TITLE	D TREASURER	☑ Change ☐ Addition
NAME	BOHANON, JOLENE		5.2 NAME	PATRICIA A. BASS	
STREET ADDRESS	41 BOHANNON RD		5.3 STREET ADDRESS	20609-NW-176 AVE.	
CITY-ST-ZIP	VENUS FL 33960		5.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	2VP	☑ DELETE	6.1 TITLE	D SECRETARY	☑ Change ☐ Addition
NAME	HOLLEY, BECKY		6.2 NAME	Kim CONAWAY	
STREET ADDRESS	1837 POYNER RD		6.3 STREET ADDRESS	1515 ARREDONDO GRANT Rd.	
CITY-ST-ZIP	POLK CITY FL 33868		6.4 CITY-ST-ZIP	DELEON SPRINGS, FL 32130	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] (PATRICIA A. BASS) TREASURER 1/28/97 (941) 763-2058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069624