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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707951

1. Corporation Name

FLORIDA CATTLEWOMEN, INC.

Principal Place of Business

1818 N BERMUDA AVENUE
P.O. BOX 421929
KISSIMMEE FL 34741-3221

Mailing Address

1818 N BERMUDA AVENUE
P.O. BOX 421929
KISSIMMEE FL 34741-3221



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/12/1964

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

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 **JIM HANDLEY**
82 Street Address (P.O. Box Number is Not Acceptable)
1818 N BERMUDA AVE
83
84 City **KISSIMMEE** FL 85 Zip Code **32741**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.27.99

12. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ DELETE
NAME **FRANCES RAULERSON**
STREET ADDRESS **371 N SAMSULA DR**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE **DP** ☐ DELETE
NAME **KELLY HUSS**
STREET ADDRESS **35920 ST RD 52**
CITY-ST-ZIP **DADE CITY FL 33526**

TITLE **DVP** ☐ DELETE
NAME **PAT BASS**
STREET ADDRESS **20609 NW 176TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **DVP** ☐ DELETE
NAME **KIM WELCH**
STREET ADDRESS **9320 MAPLE LANE**
CITY-ST-ZIP **N FT MYERS FL 33917**

TITLE **DT** ☐ DELETE
NAME **SANDY BLACKADAR**
STREET ADDRESS **11451 BROWNING RD**
CITY-ST-ZIP **LITHIA FL 33547**

TITLE **SD** ☐ DELETE
NAME **REBA MAZAK**
STREET ADDRESS **P O BOX 362 N/A**
CITY-ST-ZIP **GROVELAND FL 34736**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DT** ☒ Change ☐ Addition
1.2 NAME **SAME**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **DVP** ☒ Change ☐ Addition
2.2 NAME **RENEE STRICKLAND**
2.3 STREET ADDRESS **24615 OAK KNOLL ROAD**
2.4 CITY-ST-ZIP **MYAKKA CITY, FL 34251**

3.1 TITLE **DVP** ☒ Change ☐ Addition
3.2 NAME **SAME**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **DP** ☒ Change ☐ Addition
4.2 NAME **SAME**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **DVP** ☒ Change ☐ Addition
5.2 NAME **SAME**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **DS** ☒ Change ☐ Addition
6.2 NAME **MARCIA LIGHTSEY**
6.3 STREET ADDRESS **1401 SAM KEEN RD**
6.4 CITY-ST-ZIP **LAKE WALES, FL 33853**

14. I 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, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 904-428-4860

CR2E037 (11/98)