2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90036 039 ****61.25

DOCUMENT # 707951

1. Entity Name

FLORIDA CATTLEWOMEN, INC.

Principal Place of Business	Mailing Address
800 SHAKERAG ROAD P.O. BOX 421929 KISSIMMEE FL 34742-1929	800 SHAKERAG ROAD P.O. BOX 421929 KISSIMMEE FL 34742-1929

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6155011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANDLEY, JIM 800 SHAKERAG ROAD KISSIMMEE FL 32741	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MYERS, PAULA 162 U-VISTA COURT FORT PIERCE FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Reba Mazak PO Box 362 Groveland, FL 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MAZAK, REBA POST OFFICE BOX 362 GROVELAND FL 34736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Nancy Phares 3658 Eleven Mile Rd. Ft. Pierce, FL 34945	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT NATHE, JEAN M 31109 DARBY ROAD DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Beth Hunt 9699 ABC Rd. Bartow, FL 33830	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MILBURN, CYNTHIA 8082 STATE ROAD 31 PUNTA GORDA FL 33892	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Andrea Stevenson 5071 Taylor Creek Rd. Christmas, FL 32709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HUNT, BETH 9699 ALTURAS/BABSON PARK CUT-OFF ROAD BARTOW FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Karen Andrle 5543 Guest Terrace Ft. Charlotte, FL 33981	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PHARES, NANCY 3658 ELEVEN MILE ROAD FORT PIERCE FL 34945	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Pat Lee 751 Brantley Rd. Osteen, FL 32764	☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Andrle Karen Andrle Treasurer 3/11/2004 9416989892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #