2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90047 024 ****61.25

DOCUMENT # 707951

1. Entity Name
FLORIDA CATTLEWOMEN, INC.

40005303

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

01122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	T BEANY, AUDREY 851 CAMPBELL RD FORT PIERCE, FL 34945	☑ Delete	T DILLARD, JAN B 15995 BELLAMY BROS. BLVD. DADE CITY, FL 33523	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDRIE, KAREN 5543 GUEST TERR PORT CHARLOTTE, FL 33981	☐ Delete	ANDRLE, KAREN	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE NATHE, JEAN 31109 DARBY ROAD DADE CITY, FL 33525	☑ Delete	PE CHILDS, SARAH K PO BOX 1931 LAKE PLACID, FL 33862-1931	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS MURPHY, AMBER 10896 MULLER RD. FORT PIERCE, FL 34945	☑ Delete	RS CARDONO, WENDY 11617 JUDGE AVE ORLANDO, FL 32817	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jan B Dillard, Jan B. Dillard 1/22/07 352-585-1691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #