2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# 707951

Entity Name: FLORIDA CATTLEWOMEN, INC.

Current Principal Place of Business:

800 SHAKERAG ROAD
P.O. BOX 421929
KISSIMMEE, FL 347421929

New Principal Place of Business:

800 SHAKERAG ROAD
KISSIMMEE, FL 347421929 US

Current Mailing Address:

800 SHAKERAG ROAD
P.O. BOX 421929
KISSIMMEE, FL 347421929

New Mailing Address:

P.O. BOX 421929
KISSIMMEE, FL 347421929 US

FEI Number: 59-6155011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANDLEY, JIM
800 SHAKERAG ROAD
KISSIMMEE, FL 32741 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHILDS, SARAH K
Address: P.O. BOX 1931
City-St-Zip: LAKE PLACID, FL 33862

Title: T ( ) Delete
Name: CARDONO, WENDY
Address: 11617 JUDGE AVE.
City-St-Zip: ORLANDO, FL 32817

Title: RS ( ) Delete
Name: MONTES-DEOCA, MELISSA
Address: 2185 SW 22ND CIR N
City-St-Zip: OKEECHOBEE, FL 34974

Title: PE ( ) Delete
Name: LINDSEY, JOHN
Address: 4940 ULHERN RD
City-St-Zip: BRADENTON, FL 34211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHN, LINDSEY
Address: 41146 18TH TER. E.
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: T (X) Change ( ) Addition
Name: MONTES DE OCA, MELISSA S
Address: 2185 SW 22ND CIRCLE N
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: RS (X) Change ( ) Addition
Name: MULLANY, ALISON
Address: 6200 CALVIN LEE RD
City-St-Zip: GROVELAND, FL 34736 US

Title: PE (X) Change ( ) Addition
Name: DILLARD, JAN
Address: 15995 BELLAMY BROS. BLVD.
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA S. MONTES DE OCA T 03/03/2009
Electronic Signature of Signing Officer or Director — Date