

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

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90023 021 ****61.25

DOCUMENT # 709573

1. Entity Name

CIRCLE M RANCHETTES ASSOCIATION, INC.



Principal Place of Business

11821 N. CIRCLE M AVE
P. O. BOX 1493
DUNNELLON FL 34430

Mailing Address

11821 N. CIRCLE M AVE
P. O. BOX 1493
DUNNELLON FL 34430

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

59-2603438

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

ALLEN, BARRY R
10099 N CAMAE POINT
DUNNELLON FL 34433

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

BARRY R. ALLEN *Barry R. Allen*

04-04-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE VP ☐ Delete
NAME ALLEN, BARRY R
STREET ADDRESS 10099 N. CAMAE POINT
CITY-ST-ZIP DUNNELLON FL 34433

TITLE P ☐ Delete
NAME KARDAMIS, MARTY
STREET ADDRESS 3954 W. WOODLAWN ST
CITY-ST-ZIP DUNNELLON FL 34433

TITLE S ☐ Delete
NAME KARDAMIS, VICTORIA
STREET ADDRESS 3954 W. WOODLAWN ST
CITY-ST-ZIP DUNNELLON FL 34433

TITLE T ☐ Delete
NAME CARPENTER, DONNA L
STREET ADDRESS 1680 W. EVERGREEN DR
CITY-ST-ZIP DUNNELLON FL 34434

TITLE D ☐ Delete
NAME KELLEY, CHET
STREET ADDRESS 10940 N. MANHATTAN POINT
CITY-ST-ZIP DUNNELLON FL 34433

TITLE D ☐ Delete
NAME ALLEN, CABOL
STREET ADDRESS 10099 N. CAMAE POINT
CITY-ST-ZIP DUNNELLON FL 34433

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Martin J. Kovaluk *PROS.*

3-22-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #