

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90053 031 \*\*\*\*61.25

<b>DOCUMENT # 709573</b> 1. Entity Name <b>CIRCLE M RANCHETTES ASSOCIATION, INC.</b>					
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 <b>59-2603438</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALLEN, BARRY R</b> <b>10099 N CAMAE POINT</b> <b>DUNNELLON, FL 34433</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>04-03-2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BARRY R		NAME	JAMES D. BERGTON	
STREET ADDRESS	10099 N. CAMAE POINT		STREET ADDRESS	5710 W. OAKHILL ST	
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARDAMIS, MARTY		NAME		
STREET ADDRESS	3954 W. WOODLAWN ST		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARDAMIS, VICTORIA		NAME		
STREET ADDRESS	3954 W. WOODLAWN ST		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, DONNA L		NAME	CHARLENE WILLIAMS	
STREET ADDRESS	1680 W. EVERGREEN DR		STREET ADDRESS	10491 RANCH HAND AVE.	
CITY-ST-ZIP	DUNNELLON, FL 34434		CITY-ST-ZIP	DUNNELLON, FL 34434	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, CHET		NAME		
STREET ADDRESS	10940 N. MANHATTAN POINT		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CABOL		NAME	DONNA L. CARPENTER	
STREET ADDRESS	10099 N. CAMAE POINT		STREET ADDRESS	1680 W. EVERGREEN DR.	
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP	CETRUS SPRINGS, FL 34434	
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:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DONNA L. CARPENTER</b>		
			Date <b>4-3-05</b> Daytime Phone # <b>352-489-1683</b>		