

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # 709573

1. Entity Name

CIRCLE M RANCHETTES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2603438

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

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

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, 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 V ☐ Delete
NAME BERGTON, JAMES D
STREET ADDRESS 5710 W OAKHILL ST
CITY- ST- ZIP DUNNELLON FL 34433

TITLE ☐ Change ☐ Addition
NAME 000000661602
STREET ADDRESS 03/20/07-80045-015 61.25
CITY- ST- ZIP

TITLE P ☐ Delete
NAME ALLAN, CAROL
STREET ADDRESS 10099 N. CAMAE
CITY- ST- ZIP DUNNELLON FL 34433

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

TITLE S ☐ Delete
NAME ALLAN, BARRY
STREET ADDRESS 10099 N. CAMAE
CITY- ST- ZIP DUNNELLON FL 34433

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

TITLE T ☐ Delete
NAME MOLICA, PATRICIA
STREET ADDRESS 5711 W. OAKHILL ST.
CITY- ST- ZIP DUNNELLON FL 34433

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

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

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

TITLE D ☐ Delete
NAME EVOLA, ORA
STREET ADDRESS 4601 W. HAZARD
CITY- ST- ZIP DUNNELLON FL 34433

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 exemptions contained in Section 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: * *Barry R Allen*

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

Date

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