FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:34

DOCUMENT # 712399 (5)

1. Corporation Name

FLAGLER COUNTY CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 E MOODY BLVD #5 BUNNELL FL 32110-0000	1200 E MOODY BLVD #5 BUNNELL FL 32110-0000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1967
3a. Date of Last Report: 03/31/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☑ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

BARTON, CRAIG C
ROUTE 1 BOX 245
COUNTY ROAD 304
BUNNELL FL 32110

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Craig C. Barton DATE: 4/11/95
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE		☐ Change ☐ Addition
NAME	HENRY, MORGAN	1.2 NAME		
STREET ADDRESS	RT 1 BOX 223D NA	1.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	BARTON, CRAIG C	2.2 NAME		
STREET ADDRESS	RT 1 BOX 245 NA	2.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S.	☒ Change ☐ Addition
NAME	SCHRADER, DAN E.	3.2 NAME	Shelby TERRY	
STREET ADDRESS	1200 E MOODY BLVD #5	3.3 STREET ADDRESS	1200 E. Moody Blvd #5	
CITY-ST-ZIP	BUNNELL FL	3.4 CITY-ST-ZIP	Bunnell, Fla.	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	BOYD, MIKE	4.2 NAME		
STREET ADDRESS	RT 1 BOX 240 NA	4.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	STANLEY, G STEVE	5.2 NAME		
STREET ADDRESS	PO BOX 2882 NA	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, LESLIE M.	6.2 NAME		
STREET ADDRESS	CR 304 - RT 1 BOX 216 NA	6.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Craig C. Barton 4/11/95 904-437-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021177