

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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 32110-0308  
1200 E MOODY BLVD #5 BUNNELL FL 32110-0308

3. Date Incorporated or Qualified 03/14/1967  
3a. Date of Last Report 04/14/1995  
4. FEI Number 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 150 Sawgrass Rd 26 150 Sawgrass Rd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Bunnell FL 28 Bunnell, FL  
24 32110 25 USA 29 32110 30 USA

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 Morgan Henry  
82 Street Address (P.O. Box Number is Not Acceptable)  
Rt 1 Box 223D NA  
83  
84 City Bunnell FL 85 Zip Code 32110

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Morgan Henry  
Signature typed or printed name of registered agent and state it as such

(NOTE: Registered Agent signature required when transacting)

3/10/96  
Date

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                   |
|----------------------------|--------------------------|---|-------------------|
| TITLE                      | V                        | 1.1 TITLE   | President         |
| 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   | MacK Helvington   |
| NAME                       | BARTON, CRAIG C          | 2.2 NAME  |                   |
| STREET ADDRESS             | RT 1 BOX 245 NA          | 2.3 STREET ADDRESS                                    | P.O. Box 193      |
| CITY-ST-ZIP                | BUNNELL FL               | 2.4 CITY-ST-ZIP                                       | Seville, FL 32190 |
| TITLE                      | S                        | 3.1 TITLE   |                   |
| NAME                       | SHELBY, TERRY TERRY      | 3.2 NAME  |                   |
| STREET ADDRESS             | 1200 E MOODY BLVD #5     | 3.3 STREET ADDRESS                                    |                   |
| CITY-ST-ZIP                | BUNNELL FL               | 3.4 CITY-ST-ZIP                                       |                   |
| TITLE                      | T                        | 4.1 TITLE   |                   |
| 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   |                   |
| 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   |                   |
| 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)(k), 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: *Shepard J. Jerns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96  
Date

(904) 437-7464  
Daytime Phone #

CR2E037 (12/95)

PS 3/13/96