

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 712495 (1)
1. Corporation Name
HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
6417 US 27 SOUTH SEBRING FL 33870 **6417 US 27 SOUTH SEBRING FL 33870**

3. Date Incorporated or Qualified **03/28/1967** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		51-0165310		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		29	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOGUE, PATRICK J
4509 W GEORGE BLVD.
SEBRING FL 33872**

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

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD RUSSELL, GILLIE	1.1 TITLE	President
NAME	P.O. BOX 661 N/A-CATFISH ROAD	1.2 NAME	Red BOHANON
STREET ADDRESS	LAKE PLACID FL	1.3 STREET ADDRESS	41 Bohanon Rd
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Lake Placid FL 33852
TITLE	D	2.1 TITLE	VP
NAME	HANDLEY, STEVE	2.2 NAME	John Smoak III
STREET ADDRESS	115 E ORANGE ST.	2.3 STREET ADDRESS	11109 Foxwood Dr
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	Sebring FL 33872
TITLE	D	3.1 TITLE	Secretary
NAME	CALLA, CARLOS J	3.2 NAME	John Payne
STREET ADDRESS	736 ARBUCKLE CRK RD.	3.3 STREET ADDRESS	1015 Lake Sebring Blvd
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Sebring FL 33870
TITLE	D	4.1 TITLE	Treasurer
NAME	BRONSON, STEVE	4.2 NAME	John Causey
STREET ADDRESS	BLUFF HAMMOCK RD., P.O. BOX 426 N/A	4.3 STREET ADDRESS	108 Lake June Rd
CITY-ST-ZIP	LORIDA FL	4.4 CITY-ST-ZIP	Lake Placid FL 33852
TITLE	VP	5.1 TITLE	Director
NAME	SCARBOROUGH, JACK	5.2 NAME	Jim Johnson
STREET ADDRESS	66 JACK SCARBOROUGH LANE	5.3 STREET ADDRESS	6316 Cypress Ln
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	Sebring FL 33870
TITLE	D	6.1 TITLE	Director
NAME	MCHARGUE, JED	6.2 NAME	Carlos Falla III
STREET ADDRESS	5620 E ARBUCKLE RD	6.3 STREET ADDRESS	752 Arbuckle Branch Rd
CITY-ST-ZIP	AVON PARK FL 33825	6.4 CITY-ST-ZIP	Sebring FL 33870

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. Block 13 is change of office attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John A. Causey **JOHN H. CAUSEY 3/1/96**
1-904-465-1424

CR2E037 (12/95)