

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712495

FILED
Mar 25, 2009
Secretary of State

Entity Name: HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

6417 US 27 SOUTH
SEBRING, FL 33876

New Principal Place of Business:

4525 US 27
SEBRING, FL 33870

Current Mailing Address:

PO BOX 321
SEBRING, FL 33871

New Mailing Address:

FEI Number: 51-0165310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNADY, CRAIG
4525 US 27S
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRONSON, SAM
Address: 6032 WILSON TERR
City-St-Zip: SEBRING, FL 33876

Title: T () Delete
Name: CANNADY, CRAIG
Address: 4525 US 27 S.
City-St-Zip: SEBRING, FL 33870

Title: V () Delete
Name: JIM, JOHNSON
Address: PO BOX 381
City-St-Zip: LORIDA, FL 33857

Title: D (X) Delete
Name: LOLLIS, GENE
Address: 828 BUCK ISLAND RANCH RD
City-St-Zip: LAKE PLACID, FL 33825

Title: S () Delete
Name: HANDLEY, STEVE
Address: 115 E ORANGE
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: STOKES, EDGAR
Address: 241 BAY ST, P.O. BOX 266
City-St-Zip: LORIDA, FL 33857

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CULLENS, CHARLES S
Address: 9235 COUNTY ROAD 635
City-St-Zip: SEBRING, FL 33875

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SEBRING, LINDSEY
Address: 4525 US 27
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDSEY SEBRING

S

03/25/2009

Electronic Signature of Signing Officer or Director

Date