

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **713139** (4)

1. Corporation Name

**GEORGIA/FLORIDA CHAROLAIS BREEDERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

638 BOONE RD  
HOSCHTON GA 30548  
US

638 BOONE RD  
HOSCHTON GA 30548  
US



3. Date Incorporated or Qualified  
**07/31/1967**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2255 South Monroe St.**

25 **2255 South Monroe St.**

4. FEI Number  
**23-7127359**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

23 **Tallahassee, FL**

28 **Tallahassee, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 **32301**

25 **US**

29 **32301**

30 **US**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASDIN, ED  
1906 SHADY OAKS DR.  
TALLAHASSEE FL 32303

81 Name

**Robert J. Duncan**

82 Street Address (P.O. Box Number is Not Acceptable)

**2255 South Monroe St.**

83

84 City

**Tallahassee**

FL

85 Zip Code  
**32301**

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

**Robert J. Duncan**

**6/24/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>S</b>			<input checked="" type="checkbox"/>
	<b>BLANTON, SCOTT</b>			
	<b>638 BOONE RD</b>			
	<b>HOSCHTON GA 30548</b>			
	<b>P</b>			<input checked="" type="checkbox"/>
	<b>HAYES, A.D.</b>			
	<b>RT 2, BOX 2139</b>			
	<b>HOSCHTON FL</b>			
	<b>D</b>			<input checked="" type="checkbox"/>
	<b>SMITH, J.D.</b>			
	<b>RT 2, 1845 POPLAR ST</b>			
	<b>HIRAM GA</b>			
	<b>D</b>			<input checked="" type="checkbox"/>
	<b>GARCIA, JOE</b>			
	<b>RT 3, BOX 102</b>			
	<b>DONALSONVILLE GA</b>			
	<b>D</b>			<input checked="" type="checkbox"/>
	<b>BOWERS, SAM</b>			
	<b>1875 RUCK HOUSE RD</b>			
	<b>SENOIA GA</b>			
	<b>V</b>			<input type="checkbox"/>
	<b>CAREY, SCOTT M</b>			
	<b>2920 APALACHEE RD</b>			
	<b>MADISON GA</b>			

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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:

**Robert J. Duncan**

**6/24/96**

**904 877-7154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)