


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90031 004 ****61.25

DOCUMENT # 729120 1. Entity Name HENDRY COUNTY CATTLEMEN'S ASSOCIATION, INC.					
Principal Place of Business 1085 PRATT BLVD LABELLE, FL 33935 US			Mailing Address PO BOX 68 LABELLE, FL 33975 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MCAVOY, GENE 1900 G RD LABELLE, FL 33935				7. Name and Address of New Registered Agent Name <u>RAYMOND CRAWFORD</u> Street Address (P.O. Box Number is Not Acceptable) <u>2940 CASE RD</u> City <u>LABELLE</u> FL <u>33935</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Raymond Crawford</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1-23-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, GREG 312 CALOOSA E DR LABELLE, FL 33935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAYMOND CRAWFORD 2940 CASE RD LABELLE, FL 33935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAY HULL 27531 DOOLEY GRADE CLEWISTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE SHEWMAKER 1566 N BRIDGE ST LABELLE, FL 33935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHIDDEN, JOHN 3465 DEVILS GARDEN ROAD CLEWISTON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOE HILLIARD 5500 FLAG HOLERD CLEWISTON, FL 33440	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIGSBY, WADE 14500 CR 833 CLEWISTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR AT LG WADE GRIGSBY 36 COUNCIL RD VENUS, FL 33960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIS, JACK PO BOX 53 FELDA, FL 33930	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAT HOWELL PO BOX 5158 LABELLE, FL 33975	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCAVOY, GENE 1900 O ROAD LABELLE, FL 33935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMMY MCGILL PO BOX 68 LABELLE, FL 33975	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>Ray Hull</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>1/23/08</u>		TELEPHONE <u>(863) 227-1025</u>	