2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 729120

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

Current Principal Place of Business:

1085 PRATT BLVD
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 68
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 59-2367727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, RAYMOND
2940 CASE RD
LABELLE, FL 33935 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: D ( ) Delete
Name: JONES, GREG
Address: 312 CALOOSA E DR
City-St-Zip: LABELLE, FL 33935

Title: P ( ) Delete
Name: RAY HULL
Address: 27531 DOOLEY GRADE
City-St-Zip: CLEWISTON, FL

Title: T ( ) Delete
Name: CRAWFORD, RAYMOND
Address: 2940 CASE RD
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete
Name: GRIGSBY, WADE
Address: 14500 CR 833
City-St-Zip: CLEWISTON, FL

Title: VP ( ) Delete
Name: WILLIS, JACK
Address: PO BOX 53
City-St-Zip: FELDA, FL 33930

Title: S ( ) Delete
Name: MCAVOY, GENE
Address: 1900 O ROAD
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JONES, GREG
Address: 312 CALOOSA E DR
City-St-Zip: LABELLE, FL 33935

Title: VP (X) Change ( ) Addition
Name: HULL, RAY
Address: 27531 DOOLEY GRADE
City-St-Zip: CLEWISTON, FL

Title: SD (X) Change ( ) Addition
Name: CRAWFORD, RAYMOND
Address: 2940 CASE RD
City-St-Zip: LABELLE, FL 33935

Title: D (X) Change ( ) Addition
Name: CRAWFORD, DONNIE
Address: PO BOX 485
City-St-Zip: FELDA, FL 33930

Title: T (X) Change ( ) Addition
Name: WILLIS, JACK
Address: PO BOX 53
City-St-Zip: FELDA, FL 33930

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: GREG JONES P 04/14/2009

Electronic Signature of Signing Officer or Director — Date