2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 738557

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

Current Principal Place of Business:

CORNER OF ALTMAN AND STENSTROM ROAD
PO BOX 1831
WAUCHULA, FL 33873

New Principal Place of Business:

CORNER OF ALTMAN AND STENSTROM ROAD
WAUCHULA, FL 33873 US

Current Mailing Address:

BOX 1831
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 23-7384629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, GREG
541 S 6TH AVE
WAUCHULA, FL 33873 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: S ( ) Delete
Name: HUGHES, DAMOAN
Address: 4048 JOHN CARLTON RD.
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: P ( ) Delete
Name: HUGHES, DARIN
Address: 712 CROSBY LANE
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: MCCLEHAND, HAROLD
Address: 248 FARNELD RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: T ( ) Delete
Name: GORDON, GREG
Address: 541 S 6TH AVE
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: PEARSON, CLARK
Address: 698 HOLLANDTOWN RD
City-St-Zip: WAUCHULA, FL 33873

Title: VP ( ) Delete
Name: JONES, GARY
Address: PO BOX 577
City-St-Zip: BOWLING GREEN, FL 33834

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: HUGHES, DAMON
Address: 4048 JOHN CARLTON RD.
City-St-Zip: ZOLFO SPRINGS, FL 33890

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

Title: D (X) Change ( ) Addition
Name: MCCLELLAND, HAROLD
Address: 248 PARNELL RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

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

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

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 GORDON T 04/15/2009

Electronic Signature of Signing Officer or Director — Date