2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# 740374

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

Current Principal Place of Business:

6436 BROAD ST
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1386
BROOKSVILLE, FL 346051386 US

New Mailing Address:

FEI Number: 59-2366198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIKES, SAMUEL L
7341 HIGH CORNER RD
BROOKSVILLE, FL 34602 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:	SIKES, SAMUEL L	
Address:	7341 HIGH CORNER ROAD	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	V	( ) Delete
Name:	KING, MICHELLE	
Address:	10445 CHEYENNE PASS 0	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	S	( ) Delete
Name:	VOLBERG, COURTNEY M	
Address:	13359 BROOKSVILLE ROCK RD.	
City-St-Zip:	BROOKSVILLE, FL 34614	
Title:	T	( ) Delete
Name:	THOMPSON, LEISHA P	
Address:	31039 MORNING DOVE DR.	
City-St-Zip:	BROOKSVILLE, FL 34602	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: LEISHA P. THOMPSON T 02/19/2009

Electronic Signature of Signing Officer or Director — Date