

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790448

FILED  
Mar 24, 2010  
Secretary of State

**Entity Name:** SOUTHEASTERN LIVESTOCK ASSOCIATION, INC.

**Current Principal Place of Business:**

2232 N.E. JACKSONVILLE RD.  
OCALA, FL 34475 US

**New Principal Place of Business:**

2232 N.E. JACKSONVILLE RD.  
OCALA, FL 34470 US

**Current Mailing Address:**

P.O.BOX 404  
OCALA, FL 344780404 US

**New Mailing Address:**

**FEI Number:** 59-1824099      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JESSICA M. PEEBLES  
4520 NE 145TH AVENUE RD  
SILVER SPRINGS, FL 34488 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: SD  
Name: SHUFFITT, MARK  
Address: 2232 NE JACKSONVILLE RD.  
City-St-Zip: Ocala, FL 34470

Title: PE  
Name: NOBLES, LYNN  
Address: 3860 SE 45TH PLACE  
City-St-Zip: Ocala, FL 34480

Title: TD  
Name: KANE, TERRI  
Address: 2450 SE 17TH ST STE 402  
City-St-Zip: Ocala, FL 34471

Title: P  
Name: SEILER, SHARON  
Address: 3030 NE 70TH STREET  
City-St-Zip: Ocala, FL 34479

I hereby 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 all other like empowered.

SIGNATURE: SHARON SEILER

P

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date