**FILED**
**May 14, 2008 8:00 am**
**Secretary of State**
05-14-2008 90009 029 ****61.25

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 790835

1. Entity Name
FLORIDA ANGUS ASSOCIATION

40101722 X RS also.

04292008 Chg-NP CR2E037 (12/06)

| Principal Place of Business | Mailing Address |
|---|---|
| 103 N. HORRY ST.<br>MADISON, FL 32340 | 103 N. HORRY ST.<br>MADISON, FL 32340 |

| 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 |

4. FEI Number 59-6139014 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SCHNITKER, KAY S CPA<br>103 N. HORRY ST.<br>MADISON, FL 32340 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | PD<br>BAILEY, DON<br>8510 BAILEY DRIVE<br>CLERMONT, FL 34711 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Chad Campbell<br>21800 N. Hwy 329<br>Micanopy, Fl 32667 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CAMPBELL, CHAD<br>21800 N. HWY. 329<br>MICANOPY, FL 32667 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Robert Demaree<br>2519 East C-476<br>Bushnell, Fl 33513 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CONE, JEFF<br>2599 NW WHIPPOORWILL DR.<br>GREENVILLE, FL 32331 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary / Treasurer<br>Kelli Jo Craig<br>10662 S US 301<br>Webster, Fl 33597 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>JONES, JEAN<br>P. O. BOX 1612<br>TRENTON, FL 32693 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>J. Luis Rodriguez<br>185 Omega Dr<br>Monticello, Fl 32344 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>TULP, JAN<br>10089 SE CR 245<br>LAKE CITY, FL 32025 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HINES, STEVEN<br>12609 NW 298TH ST.<br>HIGH SPRINGS, FL 32643 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Chad E. Campbell 5-8-08 352-466-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Chad E. Campbell