

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790908 (8)
1. Corporation Name
FLORIDA DAIRY HERD IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address
106 DAIRY SCIENCE BLDG. #499
GAINESVILLE FL 32611-7920
PO BOX 110920
106 DAIRY SCIENCE BLDG #499
GAINESVILLE FL 32611-0920

3. Date Incorporated or Qualified 03/03/1965
3a. Date of Last Report 01/27/1995
4. FEI Number 59-6180291
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country
24 32611-0920 25 29 30

9. Name and Address of Current Registered Agent
WEBB, DAN W.
106 DAIRY SCIENCE BLDG. #499
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611-7920

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 32611-0920

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWIE, ROBIN	1.2 NAME	HENDERSON, ED
STREET ADDRESS	11855 VC JOHNSON ROAD	1.3 STREET ADDRESS	RURAL ROUTE 8 BOX 153
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	LIVE OAK FL 32060
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKLER, JOSEPH	2.2 NAME	AUKEMA, GARY
STREET ADDRESS	4520 OLD TAMPA ROAD	2.3 STREET ADDRESS	RT 7 BOX 196
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	CHIPLEY FL 32428
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANCEY, CLYDE, JR.	3.2 NAME	
STREET ADDRESS	31025 BETTS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, DAN W	4.2 NAME	
STREET ADDRESS	499 SHEALY DRIVE, UF DAIRY SCIENCE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADE, DALE	5.2 NAME	
STREET ADDRESS	2565 STANDLAND ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COTTON DALE FL	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACHEY, GLENN	6.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 333 C1	6.3 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-96 352-392-5592

CR2E037 (12/95)