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Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32611-0920
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 **04/29/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32611-0920	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 32611-0920	4. FEI Number 59-6180291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

WEBB, DAN W.
106 DAIRY SCIENCE BLDG. #499
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611-0920

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWIE, ROBIN	1.2 NAME	
STREET ADDRESS	11855 VC JOHNSON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUKEMA, GARY	2.2 NAME	
STREET ADDRESS	RT 7, BOX 198	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP	
TITLE	D	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	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	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	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, ED	6.2 NAME	
STREET ADDRESS	RURAL ROUTE 8 BOX 153	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **DAN W WEBB** 3-21-97 352-392-5587

CR2E037 (9/96)