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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790908** (8)
1. Corporation Name
FLORIDA DAIRY HERD IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business 106 DAIRY SCIENCE BLDG. #499 GAINESVILLE FL 32611-0920 US	Mailing Address PO BOX 110920 106 DAIRY SCIENCE BLDG #499 GAINESVILLE FL 32611-0920
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/03/1965	4. FEI Number 59-6180291	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**WEBB, DAN W.
106 DAIRY SCIENCE BLDG. #499
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32011**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BOWIE, ROBIN
STREET ADDRESS	11855 VC JOHNSON ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	AUKEMA, GARY
STREET ADDRESS	RT 7, BOX 196
CITY-ST-ZIP	CHIPLEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YANCEY, CLYDE, JR.
STREET ADDRESS	31025 BETTS RD.
CITY-ST-ZIP	MYAKKA CITY FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WEBB, DAN W
STREET ADDRESS	499 SHEALY DRIVE, UF DAIRY SCIENCE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EADE, DALE
STREET ADDRESS	2565 STANDLAND ROAD
CITY-ST-ZIP	COTTON DALE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HENDERSON, ED
STREET ADDRESS	RURAL ROUTE 8 BOX 153
CITY-ST-ZIP	LIVE OAK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6687 Bowie Road
1.4 CITY-ST-ZIP	Jacksonville FL 32219-2101
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	620 Candy Kitchen Road
2.4 CITY-ST-ZIP	Chipley FL 32428
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Myakka City FL 34251
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3945 Old US Road
5.4 CITY-ST-ZIP	Marianna FL 32446
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	16560 68th Place
6.4 CITY-ST-ZIP	Live Oak FL 32060-9023

14. I 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** 4-3-98 353/392-5592

CR2E037 (10/97)