

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003614

FILED
Jan 15, 2009
Secretary of State

Entity Name: LIVESTOCK EXPORTER'S ASSOCIATION CORPORATION

Current Principal Place of Business:

24615 OAK KNOLL RD.
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

24615 OAK KNOLL RD.
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 37-1231244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, RENEE
24615 OAK KNOLL RD.
MYAKKA CITY, FL 34251 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: P () Delete
Name: EMBREE, EFF
Address: 18813 GRENDAL ST.
City-St-Zip: BLOOMINGTON, IL 61704

Title: V () Delete
Name: CLAYTON, TONY
Address: 2507 INDUSTRIAL DR.
City-St-Zip: JEFFERSON CITY, MO 65109

Title: ST () Delete
Name: STRICKLAND, RENEE
Address: 24615 OAK KNOLL RD.
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: SAMPLES, LARRY
Address: P.O. BOX 52
City-St-Zip: HUMMELSTOWN, PA 17036

Title: D () Delete
Name: LOCKE, COLEMAN
Address: P.O. BOX 145
City-St-Zip: HUNGRFORD, TX 77448

Title: D () Delete
Name: LONG, KEITH
Address: 102 GOVERNOR ST., SUITE 327
City-St-Zip: RICHMOND, VA 23219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RENEE STRICKLAND

ST

01/15/2009

Electronic Signature of Signing Officer or Director

Date