## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006867

FILED Feb 11, 2007 Secretary of State

Entity Name: NORTH AMERICAN LLEWELLIN BREEDERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6484 SW 60TH WAY JASPER, FL 32052 **Current Mailing Address: New Mailing Address:** 6484 SW 60TH WAY JASPER, FL 32052 FEI Number: 04-3739622 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BESSINGER, JAMES M 7884 ODIS YARBOROUGH ROAD MACCLENNY, FL 32063 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete NIEMESH, DON WILSON, CHUCK Name: Name: 421 BUMGARDENER CEMETARY RD Address: 3413 FORRESTER Address: City-St-Zip: WHITTIER, NC 28789 City-St-Zip: WACO, TX 76708 Title: SD Title: (X) Change ( ) Addition ( ) Delete BESSINGER, JAMES M JR Name: SHERROD, CHARLES M JR Name: Address: PO BOX 1317 Address: 2213 EDWARDS AVENUE City-St-Zip: MACCLENNY, FL 32063 City-St-Zip: MUSCLE SHOALS, AL 35661 Title: () Delete Title: STD (X) Change ( ) Addition WILSON, CHUCK MASSARO, SALVATORE Name: Name: 3913 FORESTER LANE 310 COLTS NECK ROAD Address: Address: City-St-Zip: WACO, TX 76708 City-St-Zip: FARMINGDALE, NJ 07727 Title: () Delete Title: (X) Change ( ) Addition Name: HARRIS, DEAN F Name: WILLIAMS, WILBUR 1525 HOME AVENUE Address: 6484 SW 60TH WAY Address: City-St-Zip: JASPER, FL 32052 City-St-Zip: LINCOLN, IL 62656 Title: () Delete Title: ( ) Change (X) Addition ROCK, RICK Name: Name: 33291 W. SPEARMAN ROAD Address: Address: HERMISTON, OR 97838 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SALVATORE MASSARO JR SD 02/11/2007