

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006867

FILED
Jul 16, 2008
Secretary of State

Entity Name: NORTH AMERICAN LLEWELLIN BREEDERS ASSOCIATION, INC.

Current Principal Place of Business:

6484 SW 60TH WAY
JASPER, FL 32052

New Principal Place of Business:

3414 FORRESTER LANE
WACO, TX 76708

Current Mailing Address:

6484 SW 60TH WAY
JASPER, FL 32052

New Mailing Address:

3414 FORRESTER LANE
WACO, TX 76708

FEI Number: 04-3739622 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BESSINGER, JAMES M
7884 ODIS YARBOROUGH ROAD
MACCLENLY, FL 32063 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: PD () Delete
Name: WILSON, CHUCK
Address: 3413 FORRESTER
City-St-Zip: WACO, TX 76708

Title: VD () Delete
Name: SHERROD, CHARLES M JR
Address: 2213 EDWARDS AVENUE
City-St-Zip: MUSCLE SHOALS, AL 35661

Title: STD () Delete
Name: MASSARO, SALVATORE
Address: 310 COLTS NECK ROAD
City-St-Zip: FARMINGDALE, NJ 07727

Title: D () Delete
Name: WILLIAMS, WILBUR
Address: 1525 HOME AVENUE
City-St-Zip: LINCOLN, IL 62656

Title: D () Delete
Name: ROCK, RICK
Address: 33291 W. SPEARMAN ROAD
City-St-Zip: HERMISTON, OR 97838

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
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: CHUCK WILSON

PD

07/16/2008

Electronic Signature of Signing Officer or Director

Date