




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90051 031 ****61.25

DOCUMENT # N03300 1. Entity Name SARASOTA COUNTY CATTLEMEN'S ASSOCIATION, INC.					
Principal Place of Business 7289 PALMER BLVD SARASOTA, FL 34240 US			Mailing Address 7289 PALMER BLVD SARASOTA, FL 34240 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01242005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2665419				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRICKLAND, DON A 5640 VANDERIPE RD. SARASOTA, FL 34241			7. Name and Address of New Registered Agent Name Rick NOBLES Street Address (P.O. Box Number is Not Acceptable) 7803 Saddle Creek Trail City Sarasota FL Zip Code 34241		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1-27-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MCCLAIN, BILL STREET ADDRESS 5503 HOWARD CREEK RD CITY-ST-ZIP SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete		TITLE VP NAME DON STRICKLAND STREET ADDRESS 5640 VANDERIPE RD. CITY-ST-ZIP SARASOTA FL 34241	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE President NAME TAYLOR, PAUL STREET ADDRESS 5520 OLD RANCH RD CITY-ST-ZIP SARASOTA, FL 34241	<input type="checkbox"/> Delete		TITLE President NAME CARL ASKINS STREET ADDRESS 2801 Joshua Drive CITY-ST-ZIP SARASOTA FL 34240	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE 2VD NAME ANDERSON, ERIC STREET ADDRESS 145 RIVER RD. CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE Dick Kelly NAME 4536 LINWOOD DRIVE CITY-ST-ZIP SARASOTA FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME KASTOR, DEBBIE STREET ADDRESS 4820 WOOD POINTE WAY CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE Pierre Stasik NAME 4909 O BAK ROAD CITY-ST-ZIP SARASOTA FL 34241	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME STRICKLAND, DON STREET ADDRESS 5640 VANDERIPE RD. CITY-ST-ZIP SARASOTA, FL 34241	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CARLTON, TONY STREET ADDRESS 30303 CLAY GULLY RD. CITY-ST-ZIP MYAKKA CITY, FL 34251	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 1-27-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		