

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90017 027 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2665419

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOBLES, RICK
7803 SADDLE CREEK TRAIL
SARASOTA, FL 34241**

Name

Street Address (P.O. Box Number is Not Acceptable)

7803 Saddle Creek Trail

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	VP	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, DON	
STREET ADDRESS	5640 VANDERPE RD6	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	1VD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, PAUL	
STREET ADDRESS	5520 OLD RANCH RD	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, DICK	
STREET ADDRESS	4536 LINWOOD DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KASTOR, DEBBIE	
STREET ADDRESS	4820 WOOD POINTE WAY	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, DON	
STREET ADDRESS	5640 VANDERPE RD.	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ASKINS, CARL	
STREET ADDRESS	5640 VANDERPE RD.	
CITY-ST-ZIP	SARASOTA, FL 34241	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul R Taylor Jr	
STREET ADDRESS	5520 Old Ranch Rd	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	1VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Strickland	
STREET ADDRESS	5640 Vanderipe Rd	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Place	
STREET ADDRESS	34400 Clay Gully Rd	
CITY-ST-ZIP	Myakka City, FL 34251	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Egolf	
STREET ADDRESS	1854 Joshua Dr	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Nobles	
STREET ADDRESS	7803 Saddle Creek Tr	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Paul R Taylor Jr

Paul R Taylor Jr, President

2/7/06

941-232-1164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #