


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # N03300 1. Entity Name SARASOTA COUNTY CATTLEMEN'S ASSOCIATION, INC.	
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Principal Place of Business 7289 PALMER BLVD SARASOTA, FL 34240 US	Mailing Address 7289 PALMER BLVD SARASOTA, FL 34240 US
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DO NOT WRITE IN THIS SPACE



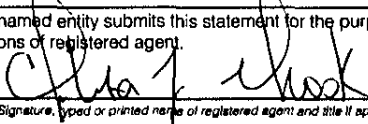
03102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2665419	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHOOK, CHRISTINA L 38400 CLAY GULLY RD MYAKKA CITY, FL 34251

**DO NOT WRITE
IN THIS SPACE**

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:  Christina L. Schook 12 March 08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

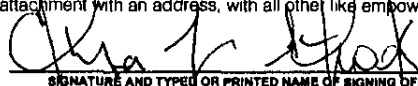
Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, PAUL R JR 5520 OLD RANCH RD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, DON 5640 VANDERIPE RD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD PLACE, DENNIS 34400 CLAY GULLY RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, STEVE 6204 GOLD FINCH STREET SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOOK, CHRISTINA L 38400 CLAY GULLY RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000858616
04/01/08-80053-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  Christina L. Schook 3/12/08 941-915-2366 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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