



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90020 042 \*\*\*\*61.25

<b>DOCUMENT # N04000008471</b> 1. Entity Name <b>FLORIDA ALPACA AND LLAMA ASSOCIATION, INC.</b>					
Principal Place of Business 3100 NW 53 TERR MARGATE, FL 33063			Mailing Address 3100 NW 53 TERR MARGATE, FL 33063		
2. Principal Place of Business - No P.O. Box # <b>15661 PETER MAX BLVD</b>		3. Mailing Address <b>P.O. Box 613</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HUDSON, FL</b>		City & State <b>MCINTOSH, FL</b>			
Zip <b>34669</b>		Country <b>US</b>		4. FEI Number <b>27-0099095</b>	
32664		US		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBSHAW, EYDIE</b> <b>3100 NW 53 TERR</b> <b>MARGATE, FL 33063</b>				7. Name and Address of New Registered Agent Name <b>VOLLING, BRUCE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6801 NW Hwy 320</b> City <b>MICANOPY</b> <b>FL</b> Zip Code <b>32667</b>	
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 <u><b>BRUCE VOLLING (TREASURER)</b></u> <u><b>Bruce Volling</b></u> <u><b>3/14/2007</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINKSTON, TRACY 15611 PETER MAX BLVD HUDSON, FL 34669 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOLLING, BRUCE 6801 NW Hwy 320 MICANOPY, FL 32667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBSHAW, EYDIE 3100 NW 53RD TERR MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBSHAW, EYDIE 3100 NW 53 TERR MARGATE, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVERS, CINDY 7905 SR 39 SOUTH PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, SYDNEY 9218 CAMINO VILLA BLVD TAMPA, FL 33635 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBASH, STEVE 20807 63RD AVE E BRADENTON, FL 34211 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <u><b>Bruce Volling</b></u> <u><b>BRUCE VOLLING</b></u> <u><b>3/14/2007</b></u> <u><b>(352) 591-0931</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					