

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

DOCUMENT # N04000008471

1. Entity Name  
FLORIDA ALPACA AND LLAMA ASSOCIATION, INC.



**FILED  
Jan 16, 2008 8:00 am  
Secretary of State**

01-16-2008 90017 037 \*\*\*\*61.25

Principal Place of Business  
15661 PETER MAX BLVD.  
HUDSON, FL 34669

Mailing Address  
PO BOX 613  
MCINTOSH, FL 32664

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
27-0099095

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

VOLLING, BRUCE  
6801 NW HWY 320  
MICANOPY, FL 32667

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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, 2008**

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 P  
NAME PINKSTON, TRACY  
STREET ADDRESS 15611 PETER MAX BLVD  
CITY-ST-ZIP HUDSON, FL 34669

Delete

TITLE D  
NAME GERMAN, STEVE  
STREET ADDRESS 14692 SE 1 AVE  
CITY-ST-ZIP SUMMERFIELD, FL 34491

Change  Addition

TITLE T  
NAME VOLLING, BRUCE  
STREET ADDRESS 6801 NW HWY 320  
CITY-ST-ZIP MICANOPY, FL 32667

Delete

TITLE D  
NAME BRAUN, CHARLENE  
STREET ADDRESS 20715 COUNTY ROAD 561  
CITY-ST-ZIP CLERMONT, FL 34715

Change  Addition

TITLE V  
NAME ROBshaw, EYDIE  
STREET ADDRESS 3100 NW 53RD TERR  
CITY-ST-ZIP MARGATE, FL 33063

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE D  
NAME BARBASH, STEVE  
STREET ADDRESS 20807 63RD AVE E  
CITY-ST-ZIP BRADENTON, FL 34211

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE S  
NAME SMITH, SYDNEY  
STREET ADDRESS 9218 CAMINO VILLA BLVD  
CITY-ST-ZIP TAMPA, FL 33635

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *Bruce Volling*

BRUCE VOLLING, TREASURER 01/11/2008 352-591-0531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #