

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008471

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** FLORIDA ALPACA AND LLAMA ASSOCIATION, INC.

**Current Principal Place of Business:**

15661 PETER MAX BLVD.  
HUDSON, FL 34669

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 613  
MC INTOSH, FL 32664

**New Mailing Address:**

**FEI Number:** 27-0099095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOLLING, BRUCE  
6801 NW HWY 320  
MICANOPY, FL 32667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PINKSTON, TRACY  
Address: 15611 PETER MAX BLVD  
City-St-Zip: HUDSON, FL 34669

Title: T ( ) Delete  
Name: VOLLING, BRUCE  
Address: 6801 NW HWY 320  
City-St-Zip: MICANOPY, FL 32667

Title: V ( ) Delete  
Name: ROBSHAW, EYDIE  
Address: 3100 NW 53RD TERR  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: BARBASH, STEVE  
Address: 20807 63RD AVE E  
City-St-Zip: BRADENTON, FL 34211

Title: S ( ) Delete  
Name: SMITH, SYDNEY  
Address: 9218 CAMINO VILLA BLVD  
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete  
Name: GERMAN, STEVE  
Address: 14692 SE 1 AVE  
City-St-Zip: SUMMERFIELD, FL 34491

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: DREGGORS, LISA  
Address: 11921 NE 52 PL. RD.  
City-St-Zip: SILVER SPRINGS, FL 34488

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MORELAND, SUSAN  
Address: 671 E. HWY 316  
City-St-Zip: CITRA, FL 32113

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE VOLLING

T

04/05/2009

Electronic Signature of Signing Officer or Director

Date