

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008471

FILED  
Feb 17, 2010  
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  
Name: WEAVER, TRACY  
Address: 15611 PETER MAX BLVD  
City-St-Zip: HUDSON, FL 34669

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

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

Title: D  
Name: BRAUN, CHARLENE  
Address: 20715 COUNTY ROAD 561  
City-St-Zip: CLERMONT, FL 34715

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

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

I hereby 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 all other like empowered.

SIGNATURE: BRUCE A VOLLING

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02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date