2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008471

FILED Apr 09, 2011 Secretary of State

Entity Name: FLORIDA ALPACA AND LLAMA ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

15661 PETER MAX BLVD. HUDSON, FL 34669

Current Mailing Address: New Mailing Address:

PO BOX 613

MC INTOSH, FL 32664

FEI Number: 27-0099095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VOLLING, BRUCE VOLLING, KATHRYN 6801 NW HWY 320 6801 NW HWY 320

MICANOPY, FL 32667 US MICANOPY, FL 32667 US

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: KATHRYN VOLLING 04/09/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: COLLINS, MARY R

Address: 4211 S. OLD FLORAL CITY RD. City-St-Zip: INVERNESS, FL 34450

Title: T

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

Title: V

Name: WARNER, CLAIRE-MARIE Address: 3275 SHARON RD. City-St-Zip: GROVELAND, FL 34736

Title:

Name: POILLION, MARY

Address: 24713 TURKEY LAKE RD.
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: S

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

Title: [

Name: HAMMACK, CLAUDIA
Address: 9520 N. HOLYOAK TERR.
City-St-Zip: DUNNELLON, FL 34433

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: KATHRYN VOLLING T 04/09/2011