

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000536

FILED
May 01, 2006
Secretary of State

Entity Name: NORTH FLORIDA LIVESTOCK SHOW & SALE, INC.

Current Principal Place of Business:

4569 NE STATE RD 6
LEE, FL 32059

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 245
LEE, FL 32059

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SALTER, A. MICHELLE
4569 NE STATE RD 6
LEE, FL 32059 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONE, JEFFREY W
Address: 2599 NW WHIPPOORWILL DR
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: PARKER, RUDOLPH
Address: 4400 RUDOLPH PARKER LN
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: PEAVY, OPIE A
Address: 5100 N STATE RD 53
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: SALTER, DONNY H
Address: P.O.BOX 245
City-St-Zip: LEE, FL 32059

Title: P () Delete
Name: SAPP, WILLIAM E
Address: RT 1 BOX 3160
City-St-Zip: MADISON, FL 32340

Title: V () Delete
Name: MCLEOD, KENNETH L
Address: 1317 W BASE ST
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELLE SALTER

T

05/01/2006

Electronic Signature of Signing Officer or Director

Date