2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000000536

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: 86-1117688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALTER, A. MICHELLE
4569 NE STATE RD 6
LEE, FL 32059 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:	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:	T	(X) Change ( ) Addition
Name:	SALTER, A. MICHELLE	
Address:	4569 NE SR 6	
City-St-Zip:	LEE, FL 32059	
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 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: A. MICHELLE SALTER T 04/30/2009

Electronic Signature of Signing Officer or Director — Date