2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N05000009045

Entity Name: HENDRY COUNTY RODEO ASSOCIATION AND YOUTH LIVESTOCK, INC.

Current Principal Place of Business:

4380 INDIAN HILLS DRIVE
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

PO BOX 2125
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-1257192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, BENNY
820 N. JINETE ST
CLEWISTON, FL 33440 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: ALVAREZ, BENNY
Address: PO BOX 1254
City-St-Zip: CLEWISTON, FL 33440

Title: VP ( ) Delete
Name: SHAW, DONNY
Address: 643 ESPERANZA
City-St-Zip: CLEWISTON, FL 33440

Title: T ( ) Delete
Name: EAVES, BEVERLY
Address: 330 PINE LANE
City-St-Zip: CLEWISTON, FL 33440

Title: S ( ) Delete
Name: DUNHAM, ANNA
Address: PO BOX 601
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: WILLIAMS, SUSAN
Address: PO BOX 2125
City-St-Zip: CLEWISTON, FL 33440

Title: S (X) Change ( ) Addition
Name: ALVAREZ, ANNA
Address: PO BOX 601
City-St-Zip: CLEWISTON, FL 33440

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: ANNA ALVAREZ S 03/20/2009
Electronic Signature of Signing Officer or Director — Date