

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. **FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90095 025 \*\*\*\*61.25

<b>DOCUMENT # N06000000817</b> 1. Entity Name <b>PASCO COUNTY CATTLEWOMEN, INC.</b>					
Principal Place of Business <b>P.O. BOX 632 SAN ANTONIO, FL 33576-0632</b>			Mailing Address <b>P.O. BOX 632 SAN ANTONIO, FL 33576-0632</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-4204799</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DILLARD, JAN B CPA 14144 6TH ST DADE CITY, FL 33525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMKOW, CATHLEE 16722 SPRING VALLEY ROAD DADE CITY, FL 33523	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DILLARD, JAN 15995 BELLAMY BROS BLVD. DADE CITY, FL 33523	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HINK, JEAN P.O. BOX 606 TRILBY, FL 33593	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRIS, KATIE 38230 JORDON RD. DADE CITY, FL 33523	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marie Peters 30020 Johnston Rd Dade City FL 33523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Sandra Kay Carris</b> <span style="float: right;"><b>1-16-07 813-2440124</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					