2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90026 032 ****61.25

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1. Entity Name
PASCO COUNTY CATTLEWOMEN, INC.

Principal Place of Business	Mailing Address
P.O. BOX 632 SAN ANTONIO, FL 33576-0632	P.O. BOX 632 SAN ANTONIO, FL 33576-0632

01282008 Chg-NP CR2E037 (12/06)

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
20-4204799
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DILLARD, JAN B CPA 14144 6TH ST DADE CITY, FL 33525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DILLARD, JAN 15995 BEEMY BROS BLVD DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Marie Peters 30020 Johnston Rd DADE city, FL 33523	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HINK, JEAN P.O. BOX 606 TRILBY, FL 33593	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARRIS, KATIE 38230 JORDON RD. DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cindy McCarthy Treasurer 15845 Lake Iola Rd DADE city, FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PETERS, MARIE 30020 JOHNSTON RD DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Katie Carris 38230 Jordan Rd DADE City, FL 33523	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Marie E. Peters President 1/29/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #