

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001850

FILED
Mar 13, 2009
Secretary of State

Entity Name: LAKE COUNTY CATTLEMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

1218 W. BROAD ST.
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

1218 W. BROAD ST.
GROVELAND, FL 34736

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MULLANY, ALISON R
6200 CALVIN LEE ROAD
GROVELAND, FL 34736 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: DP () Delete
Name: RODGERS, RALPH
Address: 6335 DUBOISE DRIVE
City-St-Zip: CLERMONT, FL 34714

Title: DS () Delete
Name: MULLANY, ALISON
Address: 6200 CALVIN LEE ROAD
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: BURNS, KATHY
Address: 7904 BAY LAKE RD
City-St-Zip: GROVELAND, FL 34730

Title: DT () Delete
Name: AUSTAD, STEVE
Address: 7707 CR 561
City-St-Zip: CLERMONT, FL 34717

Title: DVP () Delete
Name: GRIMALDI, PAUL
Address: 11658 BAY LAKE RD.
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: BRONSON, DENNIS
Address: 11150 BRONSON RD
City-St-Zip: CLERMONT, FL 34711

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
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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: ALISON R. MULLANY

SECY

03/13/2009

Electronic Signature of Signing Officer or Director

Date