2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004730

Entity Name: POLK COUNTY CATTLEWOMEN, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O.BOX 1212 1702 U. S. HIGHWAY 17 SOUTH

BARTOW, FL 338311212 BARTOW, FL 33830

Current Mailing Address: New Mailing Address:

P.O.BOX 1212

BARTOW, FL 338311212

FEI Number: 16-1758620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COSTINE, MARY H HOWELL, BRANDY 8430 TOM COSTINE RD 11151 CARLTON RD

LAKELAND, FL 33809 US KATHLEEN, FL 33849 US

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: BRANDY HOWELL 01/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 COSTINE, MARY H
 Name:
 HOWELL, BRANDY

 Address:
 8430 TOM COSTINE RD
 Address:
 11151 CARLTON RD

 City-St-Zip:
 LAKELAND, FL 33809
 City-St-Zip:
 KATHLEEN, FL 33849

Title: V () Delete Title: V (X) Change () Addition Name: HOWELL, BRANDY Name: KITCHEN, SHERRY

Address: 11151 CARLTON RD Address: 4132 CHOWEN DRIVE
City-St-Zip: KATHLEEN, FL 33849 City-St-Zip: LAKELAND, FL 33810

Title: S () Delete Title: S (X) Change () Addition

 Name:
 HUNT, BETH
 Name:
 BIBBY, KATHRYN

 Address:
 9699 ALURAS BABSON PK CUT-OFF RD
 Address:
 5631 LAUREL OAK DRIVE

 City-St-Zip:
 BARTOW, FL 338308744
 City-St-Zip:
 LAKELAND, FL 33811

Title: TD () Delete Title: () Change () Addition

 Name:
 LIGHTSEY, MARCIA
 Name:

 Address:
 1401 SAM KEEN RD
 Address:

 City-St-Zip:
 LAKE WALES, FL 33898
 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: BRANDY HOWELL P 01/07/2009