

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06353

FILED
Mar 05, 2009
Secretary of State

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

Current Principal Place of Business:

C/O RANDOLPH PADGETT
4441 WEEKS RD.
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

C/O RANDOLPH PADGETT
4441 WEEKS RD.
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 59-2501675 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PADGETT, RANDOLPH
4441 WEEKS RD.
GREEN COVE SPRINGS, FL 32043 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: PD () Delete
Name: CONAWAY, JAMES
Address: 5642 MAVERICK RD.
City-St-Zip: MIDDLEBURG, FL 32068

Title: VD () Delete
Name: SMITH, JOHNNY M
Address: 4216 SAUNDERS RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD () Delete
Name: PADGETT, RANDOLPH
Address: 4441 WEEKS RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T () Delete
Name: COON, BRENDA
Address: 1008 CONFEDERATE CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: HICKEY, EUGENE
Address: 6806 SHARRON RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: STARLING, HORACE
Address: 5035 SPRING BANK RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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
Name:
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: GAYWARD F. HENDRY

S

03/05/2009

Electronic Signature of Signing Officer or Director

Date