

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90029 013 ****61.25

DOCUMENT # N07000008889

1. Entity Name
CITRUS COUNTY CATTLEMEN'S ASSOCIATION, INC.



Principal Place of Business
11185 S. PLEASANT GROVE RD
FLORAL CITY, FL 34436

Mailing Address
P.O. BOX 2742
INVERNESS, FL 34451



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

THOMAS, JOHN
6091 SOUTH PLEASANT GROVE ROAD
INVERNESS, FL 34452

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 D ☐ Delete
NAME WALLER, CHRISTINE
STREET ADDRESS 5045 E ANNA JO DR
CITY-ST-ZIP INVERNESS, FL 34452

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MEROLA, SAL
STREET ADDRESS 4773 E STAGE COACH TRL
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BARCO, KEITH
STREET ADDRESS 12202 S OLD JAMES RD
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ELLIS, CHARLES
STREET ADDRESS 8989 E GREY ST
CITY-ST-ZIP INVERNESS, FL 34453

TITLE V ☐ Change ☒ Addition
NAME John Thomas
STREET ADDRESS 6091 South Pleasant Grove Rd.
CITY-ST-ZIP Inverness, FL 34452

TITLE T ☐ Delete
NAME VAN NESS, CAROL
STREET ADDRESS 1876 N FLORIDA AVE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME THOMAS, ELLA
STREET ADDRESS 6091 S PLEASANT GROVE RD
CITY-ST-ZIP INVERNESS, FL 34452

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Carol A. Van Ness* *Carol A. Van Ness* *12-14-08* *1352-726-2338*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #