2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N07000008889

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

Current Principal Place of Business:

11185 S. PLEASANT GROVE RD
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2742
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 59-3528749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JOHN
6091 SOUTH PLEASANT GROVE ROAD
INVERNESS, FL 34452 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:	D	( ) Delete
Name:	WALLER, CHRISTINE	
Address:	5045 E ANNA JO DR	
City-St-Zip:	INVERNESS, FL 34452	
Title:	D	( ) Delete
Name:	MEROLA, SAL	
Address:	4773 E STAGE COACH TRL	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	PP	( ) Delete
Name:	BARCO, KEITH	
Address:	12202 S OLD JAMES RD	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	V	( ) Delete
Name:	THOMAS, JOHN	
Address:	6091 SOUTH PLEASANT GROVE RD	
City-St-Zip:	INVERNESS, FL 34452	
Title:	T	( ) Delete
Name:	VAN NESS, CAROL	
Address:	1876 N FLORIDA AVE	
City-St-Zip:	HERNANDO, FL 34442	
Title:	S	( ) Delete
Name:	THOMAS, ELLA	
Address:	6091 S PLEASANT GROVE RD	
City-St-Zip:	INVERNESS, FL 34452	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	BARCO, KEITH	
Address:	12202 S OLD JAMES RD	
City-St-Zip:	FLORAL CITY, FL 34436	
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: CAROL VAN NESS T 02/11/2009

Electronic Signature of Signing Officer or Director — Date