

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008889

FILED
Apr 29, 2010
Secretary of State

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
Name: WALLER, CHRISTINE
Address: 5045 E ANNA JO DR
City-St-Zip: INVERNESS, FL 34452

Title: D
Name: MEROLA, SAL
Address: 4773 E STAGE COACH TRL
City-St-Zip: FLORAL CITY, FL 34436

Title: P
Name: BARCO, KEITH
Address: 12202 S OLD JAMES RD
City-St-Zip: FLORAL CITY, FL 34436

Title: V
Name: THOMAS, JOHN
Address: 6091 SOUTH PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

Title: T
Name: VAN NESS, CAROL
Address: 1876 N FLORIDA AVE
City-St-Zip: HERNANDO, FL 34442

Title: S
Name: THOMAS, ELLA
Address: 6091 S PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE WALLER

D

04/29/2010

Electronic Signature of Signing Officer or Director

Date