2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001563

FILED Mar 23, 2012 Secretary of State

Entity Name: CITRUS COUNTY CATTLEMEN'S EDUCATIONAL FOUNDATION, INC

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

111185 SOUTH PLEASANT GROVE ROAD FLORAL CITY, FL 34436 US

Current Mailing Address: New Mailing Address:

PO BOX 2742

INVERNESS, FL 34451 US

FEI Number: 27-1918551 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:

WALLER, CHRISITNE V 5045 EAST ANNA JO DRIVE INVERNESS, FL 34452 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: THOMAS, JOHN L

Address: 6091 SOUTH PLEASANT GROVE ROAD

City-St-Zip: INVERNESS, FL 34452 US

Title: S

Name: WALLER, CHRISTINE V
Address: 5045 EAST ANNA JO DRIVE
City-St-Zip: INVERNESS, FL 34452 US

Title: F

Name: BARCO, KEITH

Address: 12202 SOUTH OLD JONES ROAD City-St-Zip: FLORAL CITY, FL 34436 US

Title: VP

Name: HENSON, PAT

Address: 2180 NORTH PAGE AVENUE City-St-Zip: HERNANDO, FL 34442 US

Title:

Name: NAYLOR, DOUG Address: PO BOX 226

City-St-Zip: LECANTO, FL 34460 US

Title:

Name: ROOKS, LARRY

Address: 6661 S PLEASANT GROVE ROAD City-St-Zip: INVERNESS, FL 34452 US

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 03/23/2012