

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001902

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** FLAGLER COUNTY CATTLEMENS ASSOCIATION, INC

**Current Principal Place of Business:**

7259 COUNTY ROAD 304  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

7259 COUNTY ROAD 304  
BUNNELL, FL 32110

**New Mailing Address:**

**FEI Number:** 35-2379415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOYD, MICHAEL C  
7259 COUNTY ROAD 304  
BUNNELL, FL 32110 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:** P  
**Name:** BOYD, MICHAEL C  
**Address:** 7259 COUNTY ROAD 304  
**City-St-Zip:** BUNNELL, FL 32110

**Title:** DIR  
**Name:** COWART, WALTON  
**Address:** 12500 OLD HWY 100  
**City-St-Zip:** BUNNELL, FL 32110

**Title:** DIR  
**Name:** CODY, PAT  
**Address:** 8276 COUNTY ROAD 304  
**City-St-Zip:** BUNNELL, FL 32110

**Title:** DIR  
**Name:** TUCKER, MARTIN  
**Address:** 280 COUNTY RD 135 NORTH  
**City-St-Zip:** BUNNELL, FL 32110

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:** MICHAEL C. BOYD

PRES

01/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date