

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10758

FILED  
Jul 06, 2006  
Secretary of State

**Entity Name:** MANATEE COUNTY CATTLEMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1303 17TH STREET WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

505 US 301 BLVD E  
BRADENTON, FL 34208 US

**New Mailing Address:**

**FEI Number:** 59-1698972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PARKS, JAMES E  
505 US 301 BLVD EAST  
BRADENTON, FL 34208 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 ( ) Delete  
Name: ROWELL, CULLY  
Address: 67710 283 ROAD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: V ( ) Delete  
Name: MCKENDREE, JASON  
Address: 2566 63RD AVE E  
City-St-Zip: MYAKKA CITY, FL 34251

Title: T ( ) Delete  
Name: PARKS, JAMES E  
Address: 4908 51 ST EAST  
City-St-Zip: BRADENTON, FL 34203

Title: AST ( ) Delete  
Name: STRICKLAND, JAMES  
Address: 24615 OAK KNOLL RD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: SD ( ) Delete  
Name: CODDINGTON, CLIFF  
Address: 317 RYE ROAD  
City-St-Zip: BRADENTON, FL 34202

Title: S ( ) Delete  
Name: WOLFE, CRAIG  
Address: P O BOX 179  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ROWELL, CULLY  
Address: 6771 283RD ST E  
City-St-Zip: MYAKKA CITY, FL 34251

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: WOLFE, CRAIG  
Address: 17712 SR 62  
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the 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: CULLY ROWELL

P

07/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date