

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 001 ****61.25

DOCUMENT # N10758 1. Entity Name MANATEE COUNTY CATTLEMEN'S ASSOCIATION, INC.					
Principal Place of Business 1303 17TH STREET WEST PALMETTO, FL 34221			Mailing Address 17712 STATE RD 62 PARRISH, FL 34219 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 98			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Parrish, FL			
Zip	Country	Zip 34219	Country US	4. FEI Number 59-1698972	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WOLFE, LAURA 17712 ST. RD 62 PARRISH, FL 34219				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROWELL, CULLY 6771 283RD ST E MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCKENDREE, JASON 2566 63RD AVE E MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WOLFE, CRAIG 17712 ST RD 62 PARRISH, FL 34219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST STRICKLAND, JAMES 24615 OAK KNOLL RD MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CODDINGTON, CLIFF 317 RYE ROAD BRADENTON, FL 34202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOLFE, LAURA 17712 STATE RD 62 PARRISH, FL 34219	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			Date 4-8-08 Daytime Phone # 941-723-8789		
SIGNATURE: <i>Laura Wolfe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					