

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10758

FILED  
Apr 29, 2009  
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:**

P.O. BOX 98  
PARRISH, FL 34219 US

**New Mailing Address:**

**FEI Number:** 59-1698972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLFE, LAURA  
17712 ST RD 62  
PARRISH, FL 34219 US

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

WOLFE, LAURA  
28002 65TH AVE. E.  
MYAKKA CITY, FL 34251 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:

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROWELL, CULLY  
Address: 6771 283RD ST E  
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: WOLFE, CRAIG  
Address: 17712 ST RD 62  
City-St-Zip: PARRISH, FL 34219

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, LAURA  
Address: 17712 STATE RD 62  
City-St-Zip: PARRISH, FL 34219

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

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

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

Title: T (X) Change ( ) Addition  
Name: WOLFE, CRAIG  
Address: 28002 65TH AVE 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: S (X) Change ( ) Addition  
Name: WOLFE, LAURA  
Address: 28002 65TH AVE E.  
City-St-Zip: MYAKKA CITY, FL 34251

I hereby certify that the information supplied with this filing does not qualify 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: LAURA WOLFE

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date