

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10758

FILED
Apr 14, 2010
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
28002 65TH AVE. E.
MYAKKA CITY, FL 34251 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: ROWELL, CULLY
Address: 6771 283RD ST E
City-St-Zip: MYAKKA CITY, FL 34251

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

Title: T
Name: WOLFE, CRAIG
Address: 28002 65TH AVE E.
City-St-Zip: MYAKKA CITY, FL 34251

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

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

Title: S
Name: WOLFE, LAURA
Address: 28002 65TH AVE E.
City-St-Zip: MYAKKA CITY, FL 34251

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: LAURA WOLFE

S

04/14/2010

Electronic Signature of Signing Officer or Director

Date