

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000106

FILED  
Mar 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2402 BLOSSOM COURT  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

2402 BLOSSOM COURT  
FORT PIERCE, FL 34982

**New Mailing Address:**

**FEI Number:** 27-4441504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEATY, BRYAN T  
2402 BLOSSOM COURT  
FORT PIERCE, FL 34982 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:** CARLTON, WES  
**Address:** 3658 ELEVEN MILE ROAD  
**City-St-Zip:** FORT PIERCE, FL 34945

**Title:** VP  
**Name:** CRUSE, CHARLES  
**Address:** 13051 OKEECHOBEE ROAD  
**City-St-Zip:** FORT PIERCE, FL 34945

**Title:** S  
**Name:** BERGGREN, MARK  
**Address:** 28086 ORANGE AVENUE  
**City-St-Zip:** FORT PIERCE, FL 34945

**Title:** T  
**Name:** BEATY, BRYAN  
**Address:** 2402 BLOSSOM COURT  
**City-St-Zip:** FORT PIERCE, FL 34982

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:** BRYAN BEATY

T

03/05/2012

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

\_\_\_\_\_  
Date