

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000000543

**FILED**  
**Jul 09, 2013**  
**Secretary of State**

**Entity Name:** FLORIDA SEMINOLE CATTLEWOMEN, INC.

**Current Principal Place of Business:**

15465 RESERVATION ROAD  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

15465 RESERVATION ROAD  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRUEBLOOD, TRAVIS W ESQ.  
24704 U.S. HWY 27  
MOORE HAVEN, FL 33471 US

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

GOPHER, CARLA  
15465 RESERVATION ROAD  
OKEECHOBEE, FL 34974 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: CARLA GOPHER

07/09/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RILEY, WENDI  
Address: 15465 RESERVATION ROAD  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D  
Name: URBINA, EMMA  
Address: 15465 RESERVATION ROAD  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D  
Name: GOPHER, LOUISE  
Address: 15465 RESERVATION ROAD  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D  
Name: GOPHER, CARLA  
Address: 15465 RESERVATION ROAD  
City-St-Zip: OKEECHOBEE, FL 34974

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: CARLA GOPHER

D

07/09/2013

Electronic Signature of Signing Officer or Director

Date