



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90018 050 ****61.25

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| DOCUMENT # N11899 1. Entity Name MANATEE COUNTY CATTLEWOMEN ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 4940 UHLEIN RD BRADENTON, FL 34211 | | | | Mailing Address 4940 UHLEIN RD BRADENTON, FL 34211 | |
| 2. Principal Place of Business - No P.O. Box # 41146 18th Ter E | | 3. Mailing Address 41146 18th Ter E | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05022008 Chg-NP CR2E037 (12/06) | |
| City & State Myakka City, FL | | City & State Myakka City, FL | | 4. FEI Number 59-2816095 | |
| Zip 34251 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HARLEE, JOHN P III 1205 MANATEE AVENUE WEST BRADENTON, FL 33505 | | | | 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 <u>Lindsey John, Treasurer 5/11/08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 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 | S CARLSON, CHRISTA 11502 AD TAYLOR ROAD MYAKKA CITY, FL 34251 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Christa Carlson Kirby 3414 27th St Ct E Bradenton, FL 34208 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JOHN, LINDSEY B 4940 UHLEIN ROAD BRADENTON, FL 34211 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 41146 18th Ter E Myakka City, FL 34251 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKS, LINDA 4908 51 ST E BRADENTON, FL 34202 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALBRITTON, IRENE P.O. BOX 238 MYAKKA CITY, FL 34251 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OLER, DEBRA J 153 ALPINE CT BRADENTON, FL 34202 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GILBERT, CAROLYN 2417 50TH ST CT E PALMETTO, FL 34221 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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. | | | | | |
| SIGNATURE: <u>Lindsey John</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>5/11/2008</u> <small>Date Daytime Phone #</small> | | |