## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11899

**FILED** Feb 25, 2009 Secretary of State

Entity Name: MANATEE COUNTY CATTLEWOMEN ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

41146 18TH TER E 1303 17TH STREET W MYAKKA CITY, FL 34251 PALMETTO, FL 34221

**Current Mailing Address: New Mailing Address:** 

41146 18TH TER E 1303 17TH STREET W MYAKKA CITY, FL 34251 PALMETTO, FL 34221

FEI Number: 59-2816095 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HARLLEE, JOHN P III 1205 MANATEE AVENUE WEST BRADENTON, FL 33505

**OFFICERS AND DIRECTORS:** 

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete CARLSON, CHRISTA K KIRBY, CHRISTA Name: Name:

3414 27TH ST CT E. Address: 3414 27TH ST CT E. Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34208

Title: () Delete Title: (X) Change ( ) Addition JOHN, LINDSEY B Name: JOHN, TIFFANY R Name:

Address: 4146 18TH TER E. Address: 3920 CEDAR STREET City-St-Zip: MYAKKA CITY, FL 34251 City-St-Zip: ELLENTON, FL 34222

Title: () Delete Title: () Change () Addition PARKS, LINDA Name: Name:

Address: 4908 51 ST E Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

ALBRITTON, IRENE Name: Name: DIMON, DANIELLE 4619 30TH AVE EAST Address: P.O. BOX 238 Address: City-St-Zip: MYAKKA CITY, FL 34251 City-St-Zip: BRADENTON, FL 34208

Title: ( ) Delete Title: (X) Change ( ) Addition

OLER, DEBRA J GRAHAM, SUSAN J Name: Name: 153 ALPINE CT 535 PLANTER MANOR WAY Address: Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: BRADENTON, FL 34212

Title: () Delete Title: (X) Change ( ) Addition GROOVER, MARY GILBERT, CAROLYN Name: Name:

Address: 2417 50TH ST CT E Address: 5235 SPENCER PARRISH ROAD PALMETTO, FL 34221 City-St-Zip: PARRISH, FL 34219 City-St-Zip:

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: TIFFANY JOHN S 02/25/2009