

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31689

FILED
May 30, 2004
Secretary of State

Entity Name: LEE COUNTY CATTLEMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1172
FT. MYERS, FL 33902

New Principal Place of Business:

Current Mailing Address:

PO BOX 1172
FT. MYERS, FL 33902

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNY FLINT
14200 OAK HAMMOCK LANE
FT. MYERS, FL 33905 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 () Delete
Name: TIMOTHY L. MANN,
Address: 5621 NEAL RD
City-St-Zip: FT. MYERS, FL

Title: VP () Delete
Name: SHANE PARKER,
Address: 3181 BUCKINGHAM RD
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: HIGGINBOTHAM, ALFRED
Address: 9320 MAPLE LANE
City-St-Zip: N FT MYERS, FL

Title: D () Delete
Name: JOHN CORNETT,
Address: 6461 BUCKINGHAM ROAD
City-St-Zip: FT. MYERS, FL

Title: T () Delete
Name: FLINT, MANNY
Address: 14200 OAK HAMMOCK LN
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MANNY FLINT

T

05/30/2004

Electronic Signature of Signing Officer or Director

Date