

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31689

FILED  
May 02, 2006  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MANNY FLINT  
14200 OAK HAMMOCK LANE  
FT. MYERS, FL 33905 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: \_\_\_\_\_

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: PRES (X) Change ( ) Addition  
Name: TIMOTHY L. MANN,  
Address: 5621 NEAL RD  
City-St-Zip: FT. MYERS, FL 33905

Title: VP (X) Change ( ) Addition  
Name: SHANE PARKER,  
Address: 3181 BUCKINGHAM RD  
City-St-Zip: FT. MYERS, FL 33905

Title: D (X) Change ( ) Addition  
Name: HIGGINBOTHAM, ALFRED  
Address: 9320 MAPLE LANE  
City-St-Zip: N FT MYERS, FL 33917

Title: D (X) Change ( ) Addition  
Name: JOHN CORNETT,  
Address: 6461 BUCKINGHAM ROAD  
City-St-Zip: FT. MYERS, FL 33905

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 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: MANNY FLINT

T

05/02/2006

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

\_\_\_\_\_  
Date