

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31689

FILED
Mar 17, 2009
Secretary of State

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

Current Principal Place of Business:

14200 OAK HAMMOCK LANE
FT. MYERS, FL 33905

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:

FLINT, MANNY TREASUR
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: PRES () Delete
Name: MILBURN, DAVID PRES
Address: 8082 SR 31
City-St-Zip: PUNTA GORDA, FL 33982

Title: VP () Delete
Name: STRICKLAND, BUTCH VP
Address: 1709 LAKEVIEW TERRACE
City-St-Zip: N. FT. MYERS, FL 33903

Title: D () Delete
Name: SARLO, ARNIE D
Address: 8010 SR 31
City-St-Zip: PUNTA GORDA, FL 33982

Title: S () Delete
Name: MANN, TIM SEC
Address: 5621 NEAL RD
City-St-Zip: FT. MYERS, FL 33905

Title: T () Delete
Name: FLINT, MANNY T
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 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

03/17/2009

Electronic Signature of Signing Officer or Director

Date