

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90038 012 ****61.25

DOCUMENT # N34962 1. Entity Name FLORIDA MEAT GOAT ASSOCIATION, INC.			
Principal Place of Business 6915 RAILROAD ST LIVE OAK, FL 32060 US		Mailing Address 6915 RAILROAD ST LIVE OAK, FL 32060 US	
2. Principal Place of Business 9210 NW 59 ST Suite, Apt. #, etc. Alachua Missing Pines Farm		3. Mailing Address 9210 NW 59 ST Suite, Apt. #, etc.	
City & State GAINESVILLE, FL Zip 32653		City & State Gainesville FL Zip 32653	
Country USA		Country USA	
4. FEI Number 59-2983485		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARPENTER, RONALD A. 4127 NW 27TH LANE GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TOUCHSTONE, RICHARD PO B 831 LAKE BUTLER, FL 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Add Zip Code 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWART, KAREN 6915 RAILROAD ST LIVE OAK, FL 32060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GORMAN, THOMAS A 9210 NW 59 ST Gainesville, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEY, TODD PO B 5241 GAINESVILLE, FL 32627	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESSECK, Richard 4760 NW 55 ST BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORMAN, DIANE 9210 NW 59TH ST GAINESVILLE, FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Hill, Helen RT 3, Box 1560 Lake Butler, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Adri Pretorius P.O. Box 867 Chiefland, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
12. I hereby certify that the information supplied with this filing does not qualify 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 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>T.A. GORMAN, Treas.</u> 2/01/04 352 3776157			