


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90113 025 \*\*\*\*61.25

<b>DOCUMENT # N34962</b> 1. Entity Name <b>FLORIDA MEAT GOAT ASSOCIATION, INC.</b>					
Principal Place of Business <b>9210 NW 59 ST. ALACHUA MISSING PINES FARM GAINESVILLE, FL 32653 US</b>			Mailing Address <b>9210 NW 59 ST GAINESVILLE, FL 32653 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>50-2083485 61-1475051</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARPENTER, RONALD A. 4127 NW 27TH LANE GAINESVILLE, FL 32653</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-electing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP TOUCHSTONE, RICHARD <input checked="" type="checkbox"/> Delete PO B 831 LAKE BUTLER, FL 32054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GORMAN, THOMAS A <input type="checkbox"/> Delete 9210 NW 59 ST GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESSECK, RICHARD <input type="checkbox"/> Delete 4760 NW 55 ST BELL, FL 32619		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HILL, HELEN <input checked="" type="checkbox"/> Delete RT 3 BOX 1560 LAKE BUTLER, FL 32054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAW HOAN, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 1476 SORRENTO, FL 32776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRI, PRETORIOUS <input type="checkbox"/> Delete P.O. BOX 867 CHIEFLAND, FL 32644		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STRICKLAND, DIANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1734 CR 227 A OXFORD, FL 34484	
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>Tagorman</u> TAGORMAN, Treasurer 4/13/05 352 377-6157 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date to Print</small>					