

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34962

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA MEAT GOAT ASSOCIATION, INC.

**Current Principal Place of Business:**

1734 CR 227A  
OXFORD, FL 34484 US

**New Principal Place of Business:**

**Current Mailing Address:**

1734 CR 227A  
OXFORD, FL 34484 US

**New Mailing Address:**

**FEI Number:** 61-1475051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRICKLAND, DIANE M  
1734 CR 227A  
OXFORD, FL 34484 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  
**Name:** SALCEDO, ANDREA  
**Address:** 4140 SWINDELL RD  
**City-St-Zip:** LAKELAND, FL 33810 US

**Title:** VP  
**Name:** PRUETTE, JIM A  
**Address:** 16355 NW WILLARD SMITH RD  
**City-St-Zip:** BLOUNTSTOWN, FL 32424 US

**Title:** SEC  
**Name:** HILL, HELEN  
**Address:** 6378 S.W. CR-791,  
**City-St-Zip:** LAKE BUTLER, FL 32054

**Title:** TREA  
**Name:** STRICKLAND, DIANE  
**Address:** 1734 CR 227A  
**City-St-Zip:** OXFORD, FL 34484

**Title:** DIR  
**Name:** TILLMAND, NORMA  
**Address:** PO BOX 88  
**City-St-Zip:** WHITE SPRINGS, FL 32096

I hereby 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 all other like empowered.

**SIGNATURE:** DIANE STRICKLAND

TREA

01/10/2012

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

\_\_\_\_\_  
Date