

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N50377** (3)

1. Corporation Name

LABELLE FAMILY LIVESTOCK CLUB, INC.



Principal Place of Business

Mailing Address

~~1566 NORTH BRIDGE STREET~~
~~LABELLE FL 33935~~
US

POST OFFICE BOX 2772
LABELLE FL 33935
US

3. Date Incorporated or Qualified
08/14/1992

3a. Date of Last Report
10/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **2435 Phillips Rd**

26 **P.O. Box 2772**

4. FEI Number

65-0370510

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 --

27 --

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Alva, FL**

28 **LaBelle, FL**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33920**

25 **Hendry**

29 **33935**

30 **Hendry**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WOODS, TERRY-~~
~~2435 PHILLIPS ROAD-~~
~~LABELLE FL 33935~~

81 Name

B. Jean Prophet

82 Street Address (P.O. Box Number is Not Acceptable)

2435 Phillips Rd

83

84 City

Alva

FL

85 Zip Code

33920

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

B. Jean Prophet

Signature, typed or printed name of individual if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 17, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~VD~~ ☒ DELETE
NAME ~~GREG COX~~
STREET ADDRESS ~~1600 COUNTY LINE ROAD~~
CITY-ST-ZIP ~~LABELLE FL~~

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME **Robbie Yeomans**
1.3 STREET ADDRESS **4030 Ft Adams**
1.4 CITY-ST-ZIP **LaBelle, FL 33935**

TITLE ~~TD~~ ☒ DELETE
NAME ~~DRAPAL, JACKIE~~
STREET ADDRESS ~~190 FLORIDA AVE~~
CITY-ST-ZIP ~~LABELLE FL~~

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **B. Jean Prophet**
2.3 STREET ADDRESS **2435 Phillips Rd**
2.4 CITY-ST-ZIP **Alva, FL 33920**

TITLE ~~SD~~ ☐ DELETE
NAME ~~NOAH, TERESSA~~
STREET ADDRESS ~~3833 FT. ADAMS AVE~~
CITY-ST-ZIP ~~LABELLE FL~~

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~PD~~ ☐ DELETE
NAME ~~TERRY WOODS~~
STREET ADDRESS ~~9 CORNELA~~
CITY-ST-ZIP ~~LABELLE FL~~

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

B. Jean Prophet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 941-675-2221
Date Daytime Phone #

CR2E037 (12/95)