

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N50377** (3)

1. Corporation Name

LABELLE FAMILY LIVESTOCK CLUB, INC.

Principal Place of Business

Mailing Address

2435 PHILLIPS ROAD
ALVA FL 33920
USPOST OFFICE BOX 2772
LABELLE FL 33975-2772
US3. Date Incorporated or Qualified
08/14/19923a. Date of Last Report
01/24/19962. Principal Place of Business
21 **La Belle Rodeo Grounds**2a. Mailing Address
26 **P.O. Box 2772**4. FEI Number
65-0370510Applied For
Not ApplicableSuite, Apt. #, etc.
22 **Highway 29 South**Suite, Apt. #, etc.
275. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**City & State
23 **La Belle, Florida**City & State
28 **La Belle, Florida 33975**6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**Zip Country
24 **33935** 25 **Hendry**Zip Country
29 **33975** 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

PROPHET, B. JEAN
2435 PHILLIPS ROAD
ALVA FL 3392081 Name **Shelly Stahl**
82 Street Address (P.O. Box Number is Not Acceptable)
305 Corral Court
83
84 City **Moore Haven, Florida** FL 85 Zip **33471**

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

Shelly Stahl *President*

Shelly Stahl

2-11-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **YEOMANS, ROBBIE**
STREET ADDRESS **4030 FT ADAMS**
CITY-ST-ZIP **LABELLE FL**1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Shelly Stahl**
1.3 STREET ADDRESS **305 Corral Court**
1.4 CITY-ST-ZIP **Moore Haven, Florida 33471**TITLE **TD** ☒ DELETE
NAME **PROPHET, B. JEAN**
STREET ADDRESS **2435 PHILLIPS ROAD**
CITY-ST-ZIP **ALVA FL**2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Shelly Reinbott**
2.3 STREET ADDRESS **800 Norris Road**
2.4 CITY-ST-ZIP **Alva, Florida 33920**TITLE **SD** ☒ DELETE
NAME **NOAH, TERESSA**
STREET ADDRESS **3833 FT ADAMS AVE**
CITY-ST-ZIP **LABELLE FL**3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **Jacki L. Drapal**
3.3 STREET ADDRESS **190 Fl Ave**
3.4 CITY-ST-ZIP **La Belle, Florida 33935**TITLE **PD** ☒ DELETE
NAME **TERRY WOODS**
STREET ADDRESS **9 CORNELA**
CITY-ST-ZIP **LABELLE FL**4.1 TITLE **Treasurer** ☒ Change ☐ Addition
4.2 NAME **Lynnette Tindell**
4.3 STREET ADDRESS **631 S. Willis Ranch Road**
4.4 CITY-ST-ZIP **Felda, Florida 33930**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE **Director** ☒ Change ☐ Addition
5.2 NAME **Barb White**
5.3 STREET ADDRESS **247 Kirby Thompson Road**
5.4 CITY-ST-ZIP **Alva, Florida 33920**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE **Director** ☒ Change ☐ Addition
6.2 NAME **Andrea Dillon**
6.3 STREET ADDRESS **2375 Case Road**
6.4 CITY-ST-ZIP **La Belle, Florida 33935**

14. I do 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 included 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:

Jacki L. Drapal

Jacki L. Drapal

2-11-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068155

CR2E037 (9/96)

Addition to Block #13
Director
Sharon White
510 Bonnaville Street
La Belle, Florida 33935