

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50377

FILED
Sep 11, 2009
Secretary of State

Entity Name: LABELLE FAMILY LIVESTOCK CLUB, INC.

Current Principal Place of Business:

LA BELLE RODEO GROUNDS
HIGHWAY 29 SOUTH
LA BELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2772
LA BELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0370510 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TINDALL, ANDREA
2375 CASE RD
LABELLE, FL 33935 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: P () Delete
Name: ROSBOUGH, SHERRI
Address: 750 EVANS RD
City-St-Zip: LABELLE, FL 33935

Title: V () Delete
Name: EDGAR, CARRIE G
Address: 2830 MURRAY RD
City-St-Zip: ALVA, FL 33920

Title: S () Delete
Name: ARCHER, BUFFY L
Address: 1150 TOM COKER RD SW
City-St-Zip: LABELLE, FL 33935

Title: T () Delete
Name: TINDALL, ANDREA
Address: 2375 CASE ROAD
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: WILLIAMS, GARY
Address: 17400 ASPEN BLVD
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: ARCHER, ROBBIE
Address: 1150 TOM COKER RD SW
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANDREA TINDALL

T

09/11/2009

Electronic Signature of Signing Officer or Director

Date