FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004977 (5)**

1. Corporation Name

FLORIDA ALTERNATIVE LIVESTOCK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3434 U.S. 1 MIMS FL 32754-5501	3434 U.S. 1 MIMS FL 32754-5501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1993**

3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-3202912** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / County (25) / Zip (29) / County (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

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
CHAUVIN, PATRICIA A 3434 U.S. 1 MIMS FL 32754-5501	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	ROBERTS, WILLIAM VERNON	12 NAME	~~Don Shaw~~ Shaw, Don	
STREET ADDRESS	ROUTE 1, BOX 140-A N/A	13 STREET ADDRESS	PO Box 2776 N/A	
CITY-ST-ZIP	LAKE CITY FL 32055	14 CITY-ST-ZIP	Belleview, FL 34421	
TITLE	STD	21 TITLE	delete	☒ Change ☐ Addition
NAME	CHAUVIN, PATRICIA	22 NAME	Headman, Glenn	
STREET ADDRESS	3434 US 1	23 STREET ADDRESS	13341 Stirling Rd	
CITY-ST-ZIP	MIMS FL 32754-5501	24 CITY-ST-ZIP	Ft Lauderdale, FL 33330	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	FINSER, YVONNE	32 NAME		
STREET ADDRESS	17951 SE COUNTY RD. 452	33 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL 32784	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HEADMAN, GLENN	42 NAME		
STREET ADDRESS	13341 STIRLING RD.	43 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MCCORMIC, DAN	52 NAME		
STREET ADDRESS	P.O. BOX 1000 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL 34785	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	DUCHEIN, SAVON	62 NAME		
STREET ADDRESS	ROUTE 1, BOX 140-A N/A	63 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055	64 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)(i), 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: Patricia Chauvin, Sec/Treasurer 4/27/95 (407) 383-4520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

000113