

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004977

FILED
Apr 30, 2005
Secretary of State

Entity Name: FLORIDA ALTERNATIVE LIVESTOCK ASSOCIATION, INC.

Current Principal Place of Business:

3434 U.S. 1
MIMS, FL 327545501

New Principal Place of Business:

Current Mailing Address:

3434 U.S. 1
MIMS, FL 327545501

New Mailing Address:

FEI Number: 59-3202912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAUVIN, PATRICIA A
3434 U.S. 1
MIMS, FL 327545501 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: D () Delete
Name: SHAW, DON
Address: P.O. BOX 2776 N/A
City-St-Zip: BELLEVIEW, FL

Title: STD () Delete
Name: CHAUVIN, PATRICIA
Address: 3434 US 1
City-St-Zip: MIMS, FL 327545501

Title: D () Delete
Name: FINSER, YVONNE
Address: 17951 SE COUNTY RD. 452
City-St-Zip: UMATILLA, FL 32784

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA CHAUVIN

STD

04/30/2005

Electronic Signature of Signing Officer or Director

Date