FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9500003010 (4)

UNITED RATITE RANCHERS COOPERATIVE, INC.

Principal Place of Business Mailing Address						
3393 MORNING GLORY LANE 3393 MORNING GLORY LANE LAUREL HILL FL 32567 LAUREL HILL FL 32567			ANE			
		ENOTICE THEE TE GEOGR				
				 Date Incorporated or Qualified 06/23/1995 	3a. Date of Last Report	
	lace of Business	2a. Mailing Address		4. FEt Number	Applied For	
21		26 P. O. Box	1515	59 332277 9	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Sta		27			Fee Required	
23	е	City & State Crestview	, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country	This corporation has liability for in	Added to Fees	
24	25	29 32536	30 USA		Tangible tax under s. 199.032, Yes V No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re		
			B1 Name			
SMITH, JAMES E				Address (P.O. Box Number is Not Acceptable	2)	
3393 MORNING GLORY LANE				Acceptable	9	
LAUREL HILL FL 32567			83			
			84 City		OF Zin Code	
					FL 85 Zip Code	
11. Pursuant or registe	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori	2 and 617,1508, Florida Statutes	, the above-named of	orporation submits this statement for the purp	ose of changing its registered office	
familiar w	ith, and accept the obligations of, Seci	tion 617.0503, Florida Statutes.	r by the corporation s	board of directors. I hereby accept the appoin	ntment as registered agent. I am	
SIGNATURE	James E. Smith			2/20	100	
12.	Signature, typed or printed name of registered agen		Registered Agent signature			
TITLE	D OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE		
NAME	SMITH, JAMES	[_]bcccit	1.2 NAME	D	Change Addition	
STREET ADDRESS	3393 MORNING GLORY LANE	=		Armour, Sam		
CITY-ST-ZIP	LAUREL HILL FL 32567	-	1.3 STREET ADDRESS	1020 Pine Top		
TITLE	D	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	Cantonment, FL 325	3.3 Change 🖫 Addition	
NAME	MITCHEM, JERRY		2.2 NAME	D	Change M Abdition	
STREET ADDRESS	2626 CRICKET LANE		2.3 STREET ADDRESS	Green, Roger		
CITY-ST-ZIP	CRESTVIEW FL 32536		2 4 CITY-ST-ZIP	124 S. Main St.Bru	didoe AL 36010	
TITLE	D	□ DELETE	3.1 TITLE	D	Change X Addition	
NAME	PELFREY, L. ANN		3.2 NAME	Wilhelm, Lee		
STREET ADDRESS	7172 TEE DON COURT		3.3 STREET ADDRESS	5302 Steele Rd		
CITY-ST-ZIP	HOLT FL 32564		34. CITY-ST-ZIP	Baker, FL 32531		
TITLE	D	DELETE	4.1 TITLE	D	☐ Change 🙀 Addition	
NAME	WILLIAMS, LARRY E		4. 2 NAME	Carmical, Tommy	Λ	
STREET ADDRESS	4058 PINE CONE TRAIL		4.3 STREET ADDRESS	205 Oriole Place		
CITY-ST-ZIP	CRESTVIEW FL 32539		4.4 CITY - ST - ZIP	Crestview, FL 32536	S	
TITLE	D NATE/E EDAN	DELETE	5.1 THILE	,	Change Addition	
NAME	NATZKE, FRAN		5.2 NAME			
STREET ADORESS	RT 2, BOX 45B-4		5.3 STREET ADDRESS			
CITY-ST-ZIP	CARYVILLE FL 32427	Postere	5.4 CITY - ST - ZIP			
TITLE	DUILLIDE TOM	DELETE	6.1 TITLE		Change Addition	
NAME	PHILUPS, TOM		62 NAME			
STREET ADDRESS	1962 RICHARDSON RD	3	63 STREET ADDRESS			
City-ST-ZiP	DEFUNIAK SPRINGS FL 3243 IV certify that the information supplied to		6.4 CITY+ST+ZIP	life, for the granuting at 1 d 2	Months Francisco	
				lify for the exemption stated in Section 119.07 curate and that my signature shall have the sa		
uairi, triai	i am an officer or director of the corpo i Block 12 or Block 13 if changed, or c	ifation of the receiver of trustee e	enipowered to execut	e this report as required by Chapter 617, Flori	da Statutes; and that my name	
	/ 1					

SIGNATURE: Janus Janus SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #