

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003868 (5)**

1. Corporation Name

**WAKULLA CATTLEMEN'S ASSOCIATION, INC.**

Principal Place of Business

**RT 6 BOX 8878  
CRAWFORDVILLE FL 32327**

Mailing Address

**RT 16 BOX 1751  
TALLAHASSEE FL 32310**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/14/1995</b>		3a. Date of Last Report <b>1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3231092</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	<b>84 Cedar St.</b>	27	<b>Crawfordville, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	<b>Crawfordville, FL</b>	28	<b>Crawfordville, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	<b>32327</b>	29	<b>32327</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CARTER, MIKE 3047 CRAWFORDVILLE HWY CRAWFORDVILLE FL 32326</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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

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	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>President D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VAUSE, PEE WEE D.R.</b>			1.2 NAME	<b>Vause, (Pee wee) D.R.</b>		
STREET ADDRESS	<b>RT 6 BOX 8878</b>			1.3 STREET ADDRESS	<b>233 Epsie Strickland Rd.</b>		
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>			1.4 CITY-ST-ZIP	<b>Crawfordville, FL 32327</b>		
TITLE	<b>DMCC</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>Vice-President D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>ALLISTER, HUGH</b>			2.2 NAME	<b>Mike Begley</b>		
STREET ADDRESS	<b>RT 3 BOX 5510</b>			2.3 STREET ADDRESS	<b>940 Shadeville Rd.</b>		
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>			2.4 CITY-ST-ZIP	<b>Crawfordville, FL 32327</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>Sec. Treas. D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>STRICKLAND, MONA</b>			3.2 NAME	<b>Mona Strickland</b>		
STREET ADDRESS	<b>RT 16 BOX 1751</b>			3.3 STREET ADDRESS	<b>81 Dan Miller Rd.</b>		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>			3.4 CITY-ST-ZIP	<b>Crawfordville, FL 32327</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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)(k), 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:

*Mona Strickland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-5-96**  
Date

**488-2996**  
Daytime Phone #

CR2E037 (3/96)