**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N95000003868

Corporation Name

Principal P	lace of	Business
84 CEDAR	ST	

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90286 024 \*\*\*\*61.25

NAME RODDENBERRY, ROBERT 176 MUNICIPAL AVE 13 STREET ADDRESS CITY-ST-ZIP NAME CLEMONS, ROBERT STREET ADDRESS RT 16 BOX 5025 CITY-ST-ZIP TITLE STD DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS STREET	WAKULLA CATTLEMEN'S ASSOCIATION, INC.					* 5 40106 90286 - 24						
Sulfa, Apt. #, etc.    Sulfa, Apt. #, etc.   27	84 CEDAR ST		P.O. BOX 10	027	,						de de la companya de	
Suite, Apt. 6, etc.    Suite, Apt. 6, etc.	¬ .	lace of Business	<b>⊢</b>	Address								
Criy & State 3	Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				4.	FEI Number			
Zip	City & Stat	ee	City & S	State						\$	8.75 A	ditional
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  22. Street Address (P.O. Box Number is Not Acceptable)  33. CARTER, MIKE  3047 CRAWFORDVILLE HWY CRAWFORDVILLE FL 32326  34. City  35. City  36. City  36. City  37. City  38. City  39. City  3	Zip	· ·	Zip			try		6.			\$5.00 1	May Be
CARTER, MIKE 3047 CRAWFORDVILLE HWY CRAWFORDVILLE FL 32326  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code  84 City   FL   85 Zip Code  85 Zip Code  86 City   FL   85 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City   FL   85 Zip Code  84 City   FL   85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zi	4				30			10		tered Ans		1 003
CARTER, MIKE  3047 CRAWFORDVILLE HWY CRAWFORDVILLE FL 32326  83  84 City FL 85 Zip Code  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 regist office or registered agent, an ideal accept the obligations of, Section 617 0505, Provida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 11. Immediate with, and accept the obligations of, Section 617 0500, Provided Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 11. Immediate Registered agent and size applicable.  PD		9. Name and Address of Current	t Kegisterea Ag	ent		81	Name	10.	Hairie and Address of New Negro	tereu Age		
3047 CRAWFORDVILLE FHV CRAWFORDVILLE FH 32326  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and a submit in the State of Florids. Statutes.  SIGNATURE  SQUADAN, typed or pristed reams of registered agent and told it application.  (IROTE Registered Agent signature required sheen reliability)  OATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME.  PD  RODDENBERRY, ROBERT  12. NAME  RODDENBERRY, ROBERT  17. MUNICIPAL AVE  12. NAME  STREET ADDRESS  12. STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME.  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZP  CHEMONS, ROBERT  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZP  CHEMONS, ROBERT  15. BOX 5025  12. STREET ADDRESS  14. CITY-ST-ZP  CHANGE  15. TILL  CHANGE  16. STREET ADDRESS  17. ST. ZP  CHANGE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME.  CHANGE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  18. STREET ADDRESS  19. CHANGE	CARTER.	MIKE					-	ss (P	O. Box Number is Not Acceptable)			
Section   FL   St   Zip Code	3047 CRA	WFORDVILLE HWY				83						_
11. Pursuant to the provisions of Sections 617 0502 and 617,1508, Florida Statutes, the above-hamsed corporation submits this statement for the purpose of changing its regist 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 registers agent. I am familiar with, and accept the obligations of, Section 617, 5303, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ALCITY-ST-ZIP  FROODENBERRY, ROBERT  176 MUNICIPAL AVE  STREET ADDRESS  SOPCHOPPY FL 32358  1.4 CITY-ST-ZIP  MAME  STREET ADDRESS  OTY-ST-ZIP  TILLE  ORANGE ORANG	CHAWFU	ADVILLE PL 32326				84	City			E1 8	5 Zip C	ode
Signature, lyade or printed rame of registered agent and side if applicable.   (NOTE: Registered Agent signature required sheen instabling)   LINE	office or r agent. I a	registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such ions of, Section	change was a 617.0503, Flo	rida Statul	by t les.	ne corporation	S DO	pard of directors. Thereby accept the	арропш	nging its reg	egistered istered
DELETE   PD				(NOTE		gent	signature required v				IPECTOR	2S IN 12
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UIT+51-ZP	- W-DVILL											
					6.3 STF	ÆET						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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, with all other like empowered.

SIGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE | SIGNING OFFICER OR DIRECTOR | Date | Daylima Phone #