FILE NOW: FILING FEE IS \$61.25

NONPROFIT
COPPORATION
ANNUAL REPORT
1998



' 'FLORÎDA DEPARTMENT OF STATE

Sandra B. Mortham •

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9600001001 (4)

MADISON COUNTY BEEF CATTLEMEN'S ASSOCIATION, INC

						-			
Principal Place of Business Mailing Address						J (MALIEN) DEN ANTEN MESTE NATEL MUSI	(Takt bikit obitt :	1618t tial IABI
900 COLLEGE MADISON FL 3		900 COLLEGE DR MADISON FL 32340	*** ****** ***			Date Incorporated or Qualified 02/23/1996			
					4	I, FEI Number		A	pplied For
						NOT APPLICABLE		No	ot Applicable
2. Principal Place of Business		2a, Mailing Address	2a. Mailing Address		5	. Certificate of Status Desired		+	Additional equired
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			S. Election Campaign Financing		\$5.00	~
22		27				Trust Fund Contribution		Added to	
City & State	е	City & State				7. Is this nonprofit corporation a homeowners association?			
23		28	. <u>4</u>			Yes No			
<u> </u>	Zip Country		Zip Country			8. This corporation owes or has paid the ourrent year Intangible			
24	25	29 30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curr	aur wagisteran Agant		81 Name), Name Bild Address of New A	a Bistara d	Agent	
300 S.W	son, William /. Rutledge st In Fl 32340				アカル L Address (PO. Box Number is Not Accepted Box 725	able)		
				84 City	MAG	2/500	FL	85 Zip	Code 2340
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.0 egistered agent, or both, in the Starm familiar with, and accept the objection of typesered of typesered of typesered of the section of the section of the section of the section of typesered of the section of typesered of the section of the	oull		bove-named d by the cor lutes. d Agent signature			purpose of ept the app	f changing i xointment as	ts registered registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	1S IN 12
TITLE	1	☑ DELETE	1.1 TI	TLE ()	0.	- 1 Tame	_	Change	Addition
NAME	FIELDS, C.R.		1.2 N/	AME		ard IoTT			
STREET ADDRESS	ROUTE 1, BOX 204		1.3 \$1	REET ADDRESS	1	BX 420			
CITY-ST-ZIP	PINETTA FL 32350			TY-ST-ZIP		1150N, FC 32340		- T-101 '	T0 1 1 1111
TITLE	D	☐ DELETE	2.1 11	(2)	D			L Change	Addition
NAME	DOUGLAS, DANIEL		2.2 N/		OK.J	ohn Lewis (NA)			
STREET ADDRESS	RT 1 BOX 445 MADISON FL 32340	,			P. O . E	30x 478 (NA) 150N FL 32341	J		
TITLE	D D	DELETE	2. 4 D	ITY-ST-ZIP	MINO	13010 PC 34371		Change	Addition
NAME	PAYNE, MIDYETTE -	E OLGER	3.2 N/	-			-		
STREET ADDRESS	RT 3 BOX 142			REET ADDRESS					
CITY-ST-ZIP	GREENVILLE FL 32331			ITY-ST-ZIP					
TITLE	2VP	☑ DELETE	4.1 T/					Change	Addition
NAME	HATFIELD, LEONARD 👡		4. 2 N	AME	İ	40000260			
STREET ADDRESS	RR1 BOX 1340		4.3 ST	REET ADDRESS		-10/09/98010	186 02	2 8	
CITY-ST-ZIP	PINETTA FL 32350-9716		4,4 CI	TY-ST-ZIP		***61.25			
TITLE	1 0	DELETE	5.1 TO	TLE	Vice	PRESIDENT		Change	Addition
NAME	MCLEOD, KENNETH		5.2 N/		mer	eoo, Kenneth			
STREET ADDRESS	1317 W. BASE ST		5.3 \$1	reet address	1317	W. BASEST			
CITY-ST-ZIP	MADISON FL 32340			TY-ST-ZIP	1	DISON FL 323	<u>40 </u>	TT &:	[4] Sec. 10.7
TITLE	8	☐ DELETE	6.1 Til	151	TRE	ASURER ,		Change	Addition
NAME	HOUSTON, MARGARET		6.2 NA			eoe s. BetheA			gr &
STREET ADDRESS	R R3 BOX 2088		6.3 S1	reet address	Pt.	1.BOX 789			7,50

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 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 certify 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.

HONATURE SCALES LOUBSERVILLE

8/22/98 850.971.2000

FILED

Oct 08 1998 8:00am

Secretary of State

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