

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001001

1. Corporation Name

MADISON COUNTY BEEF CATTLEMEN'S ASSOCIATION, INC

Principal Place of Business

900 COLLEGE DR
MADISON FL 32340

Mailing Address

900 COLLEGE DR
MADISON FL 32340

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

05-10-1999 90111 041 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/23/1996

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOWELL, PHILIP
RT. 1, BOX 725
MADISON FL 32340

10. Name and Address of New Registered Agent

81 Name **McLeod, Kenneth**
82 Street Address (P.O. Box Number is Not Acceptable)
1317 W. Base St
83
84 City **Madison** FL 85 Zip Code **32340**

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 *Kenneth McLeod* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	IOTT, RICHARD	
STREET ADDRESS	RT. 1, BOX 450	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, DANIEL	
STREET ADDRESS	RT 1 BOX 445	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, JOHN DR	
STREET ADDRESS	P.O. BOX 478 N/A	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BETHEA, GEORGE	
STREET ADDRESS	RT. 1, BOX 789	
CITY-ST-ZIP	LEE FL 32059	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCLEOD, KENNETH	
STREET ADDRESS	1317 W. BASE ST	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOUSTON, MARGARET	
STREET ADDRESS	RR3 BOX 2088	
CITY-ST-ZIP	MADISON FL 32340-9550	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	COLE, Richard M.
4.3 STREET ADDRESS	Rt 4 Box 259
4.4 CITY-ST-ZIP	Greenville FL 32331
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Barfoot, Rendall
5.3 STREET ADDRESS	205 NW 2nd Place
5.4 CITY-ST-ZIP	Madison FL 32340
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: *Richard Cole* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(850) 973 2399

Daytime Phone #

CR2E037 (11/98)