

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90081 013 ****70.00

DOCUMENT # N96000001001					
1. Entity Name MADISON COUNTY BEEF CATTLEMEN'S ASSOCIATION, INC.					
Principal Place of Business 900 COLLEGE DR MADISON, FL 32341			Mailing Address 2599 NW WHIPPOORWILL DR GREENVILLE, FL 32331		
2. Principal Place of Business 902 College DR Suite, Apt. #, etc. Madison, FL City & State 32341		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01142005 Chg-NP CR2E037 (10/03)				4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PEAVY, JOE RT 3 BOX 1793 MADISON, FL 32340			7. Name and Address of New Registered Agent Name: <u>Eddie Curl</u> Street Address (P.O. Box Number is Not Acceptable): <u>139 NE Cattail Drive</u> City: <u>Madison</u> FL Zip Code: <u>32340</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Eddie Curl</u> DATE: <u>3-31-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: D NAME: ROGERS, CLINT STREET ADDRESS: RT 1 BOX 330 CITY-ST-ZIP: MADISON, FL 32340 <input checked="" type="checkbox"/> Delete	TITLE: <u>Clint Rogers</u> NAME: <u>Same</u> STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: VP NAME: CURL, EDDIE STREET ADDRESS: 139 NE CATTAIL DRIVE CITY-ST-ZIP: MADISON, FL 32340 <input checked="" type="checkbox"/> Delete	TITLE: <u>President</u> NAME: <u>Eddie Curl</u> STREET ADDRESS: <u>Same</u> CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: D NAME: DAVIS, ARCHIE STREET ADDRESS: 1852 NE COTTONWOOD STREET CITY-ST-ZIP: LEE, FL 32059 <input type="checkbox"/> Delete	TITLE: <u>Director</u> NAME: <u>Daniel Douglas</u> STREET ADDRESS: <u>Rt 1 Box 445</u> CITY-ST-ZIP: <u>Madison, FL 32340</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE: ST NAME: CONE, JEFFREY STREET ADDRESS: 2599 NW WHIPPOORWILL DR CITY-ST-ZIP: GREENVILLE, FL 32331 <input checked="" type="checkbox"/> Delete	TITLE: <u>VP President</u> NAME: <u>Jeffery Cone</u> STREET ADDRESS: <u>Same</u> CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: D NAME: IOTT, RICK STREET ADDRESS: RT 1 BOX 450 CITY-ST-ZIP: MADISON, FL 32340 <input type="checkbox"/> Delete	TITLE: <u>Director</u> NAME: <u>Willie Agner Jr.</u> STREET ADDRESS: <u>4572 NE CR255</u> CITY-ST-ZIP: <u>Lee, FL 32059</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE: D NAME: GIBSON, DALE STREET ADDRESS: 1489 NE AVOCADO STREET CITY-ST-ZIP: MADISON, FL 32340 <input type="checkbox"/> Delete	TITLE: <u>Director</u> NAME: <u>Alvin Townsend</u> STREET ADDRESS: <u>9150 Day Lillie</u> CITY-ST-ZIP: <u>Plantation, FL 32350</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jeffery Cone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/28/05</u> Daytime Phone #: <u>850-948-3173</u>		