

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90195 024 ****61.25

DOCUMENT # N96000001001 1. Entity Name MADISON COUNTY BEEF CATTLEMEN'S ASSOCIATION, INC.			
Principal Place of Business 902 COLLEGE DR MADISON, FL 32341		Mailing Address 2599 NW WHIPPOORWILL DR GREENVILLE, FL 32331	
2. Principal Place of Business Suite, Apt. #, etc. 902 College Dr City & State MADISON FL Zip 32341		3. Mailing Address Suite, Apt. #, etc. 6068 NW DUSTY MILLER AVE City & State PINEHURST FL 32350 Zip 32350	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURL, EDDIE 139 NE CAT TAIL DRIVE MADISON, FL 32340		7. Name and Address of New Registered Agent Name Jeff Cone Street Address (P.O. Box Number is Not Acceptable) 2599 NW Whippoorwill Dr. Greenville FL 32331 City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	ST ROGERS, CLINT RT 1 BOX 330 MADISON, FL 32340 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Phillip Hackle 6068 NW DUSTY MILLER AVE. PINEHURST FL 32350 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURL, EDDIE 139 NE CATTAIL DRIVE MADISON, FL 32340 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jeff Cone 2599 NW Whippoorwill Dr Greenville FL 32331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ARCHIE 1852 NE COTTONWOOD STREET LEE, FL 32059 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLINT ROGERS SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONE, JEFFREY 2599 NW WHIPPOORWILL DR GREENVILLE, FL 32331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack McCloud Dir. 1302 W Base St. MADISON FL 32340 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IOTT, RICK RT 1 BOX 450 MADISON, FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abb Townsend Dir. 9150 Baylille Pinehurst FL 32350 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, DALE 1489 NE AVOCADO STREET MADISON, FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dale Gibson Dir. 1489 NE AVOCADO ST. MADISON FL 32340 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Phillip W. Black</u> <u>Phillip W. Hackle</u>		2-28/06 850-673-7860	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	