

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001001

FILED
Apr 03, 2009
Secretary of State

Entity Name: MADISON COUNTY BEEF CATTLEMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

902 COLLEGE DR
MADISON, FL 32341

New Principal Place of Business:

Current Mailing Address:

5100 NORTH STATE ROAD 53
MADISON, FL 32340

New Mailing Address:

2781 NE COLIN KELLY HWY
MADISON, FL 32340

FEI Number: 61-5185376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEAVY, PAIGE B
5100 NORTH STATE ROAD 53
MADISON, FL 32340 US

Name and Address of New Registered Agent:

BASS, RICKY A
2781 NE COLIN KELLY HWY
MADISON, FL 32340 US

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.

SIGNATURE: RICKY BASS

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HACKLE, PHILLIP
Address: 6068 NE DUSTLY MILLER AVE
City-St-Zip: PINETTA, FL 32350

Title: S/T () Delete
Name: PEAVY, PAIGE B
Address: 5100 NORTH STATE ROAD 53
City-St-Zip: MADISON, FL 32340

Title: VP () Delete
Name: MCLEOD, JACK C
Address: 425 NE POST RD
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: SALTER, DONNY
Address: 4569 NE STATE ROAD 6
City-St-Zip: LEE, FL 32059

Title: D () Delete
Name: PLATT, TROY
Address: 11061 W US 90
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: BASS, RICKY
Address: 2781NE COLIN KELLY HWY
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCLEOD, JACK C
Address: 425 NW POST ROAD
City-St-Zip: MADISON, FL 32340

Title: S/T (X) Change () Addition
Name: BASS, RICKY A
Address: 2781 NE COLIN KELLY HWY
City-St-Zip: MADISON, FL 32340

Title: VP (X) Change () Addition
Name: PEAVY, PAIGE B
Address: 5100 N STATE ROAD 53
City-St-Zip: MADISON, FL 32340

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICKY BASS

S/T

04/03/2009

Electronic Signature of Signing Officer or Director

Date