


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90039 010 ****61.25

DOCUMENT # N96000001629					
1. Entity Name JACKSON COUNTY CATTLEMEN'S ASSOCIATION, INC.					
Principal Place of Business 2741 PENNSYLVANIA AVE STE 4 MARIANNA, FL 32448 US			Mailing Address 2741 PENNSYLVANIA AVE STE 4 MARIANNA, FL 32448 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03042008 Chg-NP CR2E037 (12/06)	
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 MAYO, DOUG 2741 PENNSYLVANIA AVE STE 3 MARIANNA, FL 32446			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, 2008		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	VD MILTON, ALBERT <input type="checkbox"/> Delete PO BOX 1528 MARIANNA, FL 32447		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRYDEN, MATT <input type="checkbox"/> Delete 3121 DRYDEN DRIVE MARIANNA, FL 324468370		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD REIMANN, LARRY <input checked="" type="checkbox"/> Delete 10234 BROWN ST. FOUNTAIN, FL 324382812		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Floyd, Hank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5881 Old US Rd Malone FL 32445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLASS, MACK J <input type="checkbox"/> Delete 1525 FAIRVIEW RD MARIANNA, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WARDEN, LARRY <input type="checkbox"/> Delete 3061 HILLVIEW LANE MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HURST, MYRA <input type="checkbox"/> Delete P.O. BOX 7000 MARIANNA, FL 324477000		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 it 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: <i>Larry S. Warden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-6-08 <small>Date</small>		850-573-1054 <small>Daytime Phone #</small>