

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-10-1999 90103 047 ****61.25

DOCUMENT # **N97000005684**

1. Corporation Name

HEREFORD ASSOCIATION OF FLORIDA, INC.

5 3 8 9 7 9
530979 - 90103 - 47

Principal Place of Business

1200 HIGHLANDS DRIVE
LAKE PLACID FL 33852

Mailing Address

1200 HIGHLANDS DRIVE
LAKE PLACID FL 33852



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/06/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

APPLIED FOR 65-0835751

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHILDS, SARAH K
1200 HIGHLANDS DRIVE
LAKE PLACID FL 33852

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CHILDS, SARAH
STREET ADDRESS P.O. BOX 1931 N/A
CITY-ST-ZIP LAKE PLACID FL 33862

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VP
NAME PUTNAM, SALLY
STREET ADDRESS 1200 HIGHLANDS DRIVE
CITY-ST-ZIP LAKE PLACID FL 33852

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE ST
NAME SUMNER, SID
STREET ADDRESS 395 WEST TYLER STREET
CITY-ST-ZIP BARTOW FL 33830-4550

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME CHMBLESS, BOBBY MR
STREET ADDRESS 1425 GRAVES HIGHWAY
CITY-ST-ZIP DAWSON GA 31742

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME ASCUE, GEORGE MR
STREET ADDRESS RT BOX 89
CITY-ST-ZIP CEDAR BLUFF VA 24609

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME SHORE, MARK MR
STREET ADDRESS R 1 BOX 331
CITY-ST-ZIP WALNUT COVE NC 27052

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SARAH K. CHILDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 22, 1998 9414655729

CR2E037 (1/98)