


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005684 1. Entity Name HEREFORD ASSOCIATION OF FLORIDA, INC.	
---	---

Principal Place of Business 1210 HIGHLANDS DRIVE LAKE PLACID, FL 33852	Mailing Address PO BOX 1931 LAKE PLACID, FL 33862
--	---

DO NOT WRITE IN THIS SPACE



03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0835751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHILDS, SARAH K
1210 HIGHLANDS DR
LAKE PLACID, FL 33862

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	U00000263136 03/14/05-80084-007 61.25
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHILDS, SARAH P.O. BOX 1931 N/A LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUTNAM, SALLY 1200 HIGHLANDS DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUMNER, SID 399 WEST TYLER STREET BARTOW, FL 338304550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBLISS, BOBBY MR 1425 GRAVES HIGHWAY DAWSON, GA 31742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASCUE, GEORGE MR RT BOX 89 CEDAR BLUFF, VA 24609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORE, MARK MR R 1 BOX 331 WALNUT COVE, NC 27052

**DO NOT WRITE
IN THIS SPACE**

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: Sarah K. Childs **3/08/05** **863-465-5729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SARAH CHILDS