

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90058 032 ****61.25

| | | | | | |
|--|-----------------------|--|---|---|--|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0835751 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CHILDS, SARAH K 1210 HIGHLANDS DR LAKE PLACID, FL 33862 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHILDS, SARAH | | NAME | | |
| STREET ADDRESS | P.O. BOX 1931 N/A | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE PLACID, FL 33862 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PUTNAM, SALLY | | NAME | | |
| STREET ADDRESS | 1200 HIGHLANDS DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE PLACID, FL 33852 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SUMNER, SID | | NAME | | |
| STREET ADDRESS | 399 WEST TYLER STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | BARTOW, FL 338304550 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHAMBLISS, BOBBY MR | | NAME | | |
| STREET ADDRESS | 1425 GRAVES HIGHWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | DAWSON, GA 31742 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ASCUE, GEORGE MR | | NAME | | |
| STREET ADDRESS | RT BOX 89 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CEDAR BLUFF, VA 24609 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHORE, MARK MR | | NAME | | |
| STREET ADDRESS | R 1 BOX 331 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WALNUT COVE, NC 27052 | | CITY-ST-ZIP | | |
| 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>Sarah K. Childs</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 2/28/06 863-441-0105 Date Daytime Phone # | | |