

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90033 010 \*\*\*\*61.25

**DOCUMENT # N99000006988**

1. Entity Name  
**THE ALACHUA COUNTY CATTLEMEN'S ASSOCIATION,  
INC.**



Principal Place of Business  
**1322 SW 12TH AVE  
GAINESVILLE, FL 32608-1102**

Mailing Address  
**1322 SW 12TH AVE  
GAINESVILLE, FL 32608-1102**

**DO NOT WRITE IN THIS SPACE**



02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**22-3874004**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KELLY, CHRIS P  
1322 SW 12TH AVE  
GAINESVILLE, FL 32608-1102**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME TAYLOR, MARIE  
STREET ADDRESS 16410 NORTHWEST 78TH AVENUE  
CITY-ST-ZIP ALACHUA, FL 326157607

TITLE D  
NAME KELLY, CHRIS P  
STREET ADDRESS 1322 SW 12TH AVE  
CITY-ST-ZIP GAINESVILLE, FL 326081102

TITLE D  
NAME EUBANKS, KATHLEEN  
STREET ADDRESS 3815 SW WACAHOOA RD.  
CITY-ST-ZIP MICANOPY, FL 32867

TITLE D  
NAME WOODWARD, ROSS  
STREET ADDRESS PO BOX 428  
CITY-ST-ZIP ALACHUA, FL 32616

TITLE D  
NAME SNEAD, PHIL  
STREET ADDRESS 29210 NW 122MD ST.  
CITY-ST-ZIP ALACHUA, FL 32615

TITLE D  
NAME WEST, ROGER  
STREET ADDRESS 2229 SOUTHWEST 56TH AVENUE  
CITY-ST-ZIP GAINESVILLE, FL 326085024

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Chris P Kelly* 15 February 2006

352 376 8948