2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N99000006988

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

Current Principal Place of Business:

1322 SW 12TH AVE
GAINESVILLE, FL 326081102

New Principal Place of Business:

Current Mailing Address:

1322 SW 12TH AVE
GAINESVILLE, FL 326081102

New Mailing Address:

FEI Number: 22-3874004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, CHRIS P
1322 SW 12TH AVE
GAINESVILLE, FL 326081102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WASDIN, JERRY	
Address:	19107 NE HWY 301	
City-St-Zip:	WALDO, FL 32694	
Title:	D	( ) Delete
Name:	KELLY, CHRIS P	
Address:	1322 SW 12TH AVE	
City-St-Zip:	GAINESVILLE, FL 326081102	
Title:	D	( ) Delete
Name:	EUBANKS, KATHLEEN	
Address:	3615 SW WACAHOOTA RD.	
City-St-Zip:	MICANOPY, FL 32667	
Title:	D	( ) Delete
Name:	WOODWARD, ROSS	
Address:	PO BOX 428	
City-St-Zip:	ALACHUA, FL 32616	
Title:	D	( ) Delete
Name:	SNEAD, PHIL	
Address:	29210 NW 122MD ST.	
City-St-Zip:	ALACHUA, FL 32615	
Title:	D	( ) Delete
Name:	WEST, ROGER	
Address:	2229 SOUTHWEST 56TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 326085024	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS P KELLY MGR 01/06/2009

Electronic Signature of Signing Officer or Director — Date