

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001001

Entity Name: MADISON COUNTY BEEF CATTLEMEN'S ASSOCIATION, INC.**Current Principal Place of Business:**902 COLLEGE DR
MADISON, FL 32341**Current Mailing Address:**5100 NORTH STATE ROAD 53
MADISON, FL 32340**FEI Number:** 61-5185376**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEAVY, OPIE A
5100 NORTH STATE ROAD 53
MADISON, FL 32340 US*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**Officer/Director Detail :**

Title	P
Name	BASS, RICKY A
Address	575 SW CASSELBERRY TRL
City-State-Zip:	MADISON FL 32340

Title	VP
Name	SALTER, DONNY
Address	4569 NE SR 6
City-State-Zip:	LEE FL 32059

Title	S/T
Name	PEAVY, OPIE
Address	5100 N STATE ROAD 53
City-State-Zip:	MADISON FL 32340

Title	D
Name	MAYS, DANNITTE
Address	5192 SW MOSELEY HALL RD
City-State-Zip:	GREENVILLE FL 32331

Title	D
Name	PLATT, TROY
Address	11061 W US 90
City-State-Zip:	GREENVILLE FL 32331

Title	D
Name	CHERRY, ALAN
Address	CATTAIL ROAD
City-State-Zip:	MADISON FL 32340

I hereby 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 all other like empowered.

SIGNATURE: OPIE PEAVY**SECRETARY/TREASURER** 04/23/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date