FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:27

DOCUMENT # **790482** **(4)**

1. Corporation Name

FLORIDA BRAHMAN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
FLORIDA CATTLEMEN'S ASSOCIATION BUILDING 1818 N. BERMUDA AVENUE KISSIMMEE FL 34741	FLORIDA CATTLEMEN'S ASSOCIATION BUILDING 1818 N. BERMUDA AVENUE KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1944
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6151508 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CHAPMAN, JIMMY
3650 N CANOE CREEK RD
KENANSVILLE FL 34739

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☑ Change ☐ Addition
NAME	CHAPMAN, JIMMY	12 NAME		
STREET ADDRESS	3650 N. CANOE CREEK RD.	13 STREET ADDRESS	Same name as 12	
CITY-ST-ZIP	KENANSVILLE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	THOMPSON, WILLIAM B.	22 NAME	Williams, Danny	
STREET ADDRESS	RT. 3, BOX 1428	23 STREET ADDRESS	147 S.W. 19-C	
CITY-ST-ZIP	MADISON FL	24 CITY-ST-ZIP	Archer, FL 32618	
TITLE	P	31 TITLE	D	☑ Change ☐ Addition
NAME	BARTHLE, JOE	32 NAME		
STREET ADDRESS	936 BAYHEAD ROAD	33 STREET ADDRESS	Same name as 12	
CITY-ST-ZIP	DADE CITY FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SHACKELFORD, MARCUS	42 NAME		
STREET ADDRESS	P.O. BOX 935 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	D	☑ Change ☐ Addition
NAME	BARTHLE, LARRY	52 NAME		
STREET ADDRESS	6099 BELLAMY BROS. BLVD	53 STREET ADDRESS	Same name as 12	
CITY-ST-ZIP	DADE CITY FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WALLACE, MIKE'	62 NAME		
STREET ADDRESS	16815 NW 20TH ST	63 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/3/95 407 892 2414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #