

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

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1818 N. BERMUDA AVENUE  
KISSIMMEE FL 34741**

3. Date Incorporated or Qualified <b>12/28/1944</b>	3a. Date of Last Report <b>04/10/1995</b>
4. FEI Number <b>59-6151508</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 <b>GERRY STACK II</b>
82. Street Address (P.O. Box Number is Not Acceptable)
83. <b>18818 DORMAN RD.</b>
84. City <b>Lithia</b> FL 85. Zip Code <b>33547</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Gerry Stack II (President)*

**3/30/96**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPMAN, JIMMY</b>	1.2 NAME	<b>GERRY STACK II</b>
STREET ADDRESS	<b>3650 N. CANOE CREEK RD.</b>	1.3 STREET ADDRESS	<b>18818 DORMAN RD.</b>
CITY-ST-ZIP	<b>KENANSVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Lithia, FL 33547</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, DANNY</b>	2.2 NAME	
STREET ADDRESS	<b>147 SW 19-C</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCHER FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTHLE, JOE</b>	3.2 NAME	
STREET ADDRESS	<b>936 BAYHEAD ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHACKELFORD, MARCUS</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 935 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTHLE, LARRY</b>	5.2 NAME	
STREET ADDRESS	<b>6099 BELLAMY BROS. BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, MIKE'</b>	6.2 NAME	
STREET ADDRESS	<b>16815 NW 20TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	6.4 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)(k), 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:

*Gerry Stack II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/96**

Date

**813-684-5152**

Daytime Phone

CR2E037 (12/95)