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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	FLORIDA CATTLEMEN'S ASSOCIATION BUILDING 1818 N. BERMUDA AVENUE KISSIMMEE FL 34741-3221

3. Date Incorporated or Qualified: **12/28/1944**
3a. Date of Last Report: **04/11/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 18818 DORMAN Rd.
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Lithia, FL.
Zip — 24:
Country — 25:
Zip — 29: 33547
Country — 30: ~~U.S.A.~~

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GERRY STACK, II
18818 DORMAN RD.
LITHIA FL 33547

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 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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GERRY STACK, II		1.2 NAME		
STREET ADDRESS	18818 DORMAN RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DANNY		2.2 NAME		
STREET ADDRESS	147 SW 19-C		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	S/T	☑ Change ☐ Addition
NAME	BARTHLE, JOE		3.2 NAME	MARGE STACK	
STREET ADDRESS	936 BAYHEAD ROAD		3.3 STREET ADDRESS	18818 DORMAN Rd.	
CITY-ST-ZIP	DADE CITY FL		3.4 CITY-ST-ZIP	Lithia, FL. 33547	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHACKELFORD, MARCUS		4.2 NAME		
STREET ADDRESS	P.O. BOX 935 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARTHLE, LARRY		5.2 NAME		
STREET ADDRESS	6099 BELLAMY BROS. BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	WALLACE, MIKE'		6.2 NAME	Dee WALLACE	
STREET ADDRESS	16815 NW 20TH ST		6.3 STREET ADDRESS	400 JFK MEMORIAL BLVd.	
CITY-ST-ZIP	OKEECHOBEE FL		6.4 CITY-ST-ZIP	West Palm Beach, FL. 33415	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Gerry Stack II GERRY STACK II 1/21/97 813-689-5152