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Secretary of State

03-10-1999 90191 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790482

1. Corporation Name

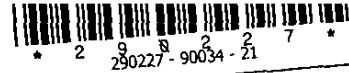
FLORIDA BRAHMAN ASSOCIATION, INC.

Principal Place of Business

FLORIDA CATTLEMEN'S ASSOCIATION BUILDING
 1818 N. BERMUDA AVENUE
 KISSIMEE FL 34741

Mailing Address

18818 DORMAN RD
 LITHIA FL 33547
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	15995 Bellamy Br. Blvd	12/28/1944	
22	City & State	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	Zip	28	City & State	59-6151508	Not Applicable
24	Country	29	33523	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30	USA	6. Election Campaign Financing	\$5.00 May Be Added to Fees
26		31		Trust Fund Contribution	

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	Ed Dillard
82	Street Address (P.O. Box Number is Not Acceptable)	15995 Bellamy Bros. Blvd
83		
84	City	Dade City
85	State	FL
86	Zip Code	33523

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GERRY STACK, II	1.2 NAME	Dillard, Ed
STREET ADDRESS	18818 DORMAN RD.	1.3 STREET ADDRESS	15995 Bellamy Bros. Blvd
CITY-ST-ZIP	LITHIA FL	1.4 CITY-ST-ZIP	Dade City, FL 33523
TITLE	VD	2.1 TITLE	Barley, Aubrey [2.1 VD]
NAME	DILLARD, ED	2.2 NAME	Rt. 2 Box 1634
STREET ADDRESS	15995 BELLAMY BROS. BLVD	2.3 STREET ADDRESS	Lake City, FL 32024
CITY-ST-ZIP	DADE CITY FL 33525	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	ST
NAME	STCK, MARGE	3.2 NAME	Dillard Jan B.
STREET ADDRESS	18818 DORMAN RD	3.3 STREET ADDRESS	15995 Bellamy Bros. Blvd
CITY-ST-ZIP	LITHIA FL	3.4 CITY-ST-ZIP	Dade City FL 33523
TITLE	D	4.1 TITLE	
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	5.1 TITLE	
NAME	BARTHE, LARRY	5.2 NAME	
STREET ADDRESS	6099 BELLAMY BROS. BLVD	5.3 STREET ADDRESS	17231 Bellamy Bros. Blvd.
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WALLACE, DEE	6.2 NAME	
STREET ADDRESS	400 JFK MEMORIAL BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Jan B. Dillard REQUIRED B. Dillard 3/3/99 352-588-4075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)