


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 790482</b> 1. Entity Name FLORIDA BRAHMAN ASSOCIATION, INC.	
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Principal Place of Business 800 SHAKERAG RD KISSIMMEE, FL 34744 US	Mailing Address 6254 KEMPFER RD SAINT CLOUD, FL 34773 US
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6151508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  KEMPFER, GEORGE 6499 SAPLING LN MELBOURNE, FL 32904	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEMPFER, GEORGE 6499 SAPLING LN MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORRIS, KEVIN 4315 OAK THICKET LANE ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHE, RANDY 26345 BAYHEAD RD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEMPFER, BECKY 6499 SAPLING LN MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWCOMB, CLAY 3349 CR 545A MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, DAVE 5601 N CANOE CK RD KENANSVILLE, FL 34739

**DO NOT WRITE IN THIS SPACE**

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03/29/07-80081-018-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** George Kempfer **George Kempfer** 3-16-07 407-892-1169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #