FILED
Feb 11, 2008 8:00 am
Secretary of State
01-10-2008 90010 029 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 704065

1. Entity Name
BREVARD COUNTY CATTLEMEN'S ASSOCIATION, INC.

66001017

Principal Place of Business	Mailing Address
3695 LAKE DRIVE COCOA, FL 32926-4251	3695 LAKE DRIVE COCOA, FL 32926-4251

DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3131502
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTER, J
3695 LAKE DR
COCOA, FL 32926

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRISAFULLI, BUD
STREET ADDRESS	5525 COURTNEY PKWY,
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	VP
NAME	SCHULLER, TOM
STREET ADDRESS	PO BOX 457
CITY-ST-ZIP	SCOTTSMOOR, FL 32775
TITLE	T
NAME	ALFORD, TONY
STREET ADDRESS	5772 SARATOGA LANE
CITY-ST-ZIP	COCOA, FL 329262459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2-5-2008 321/633-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #