

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704065

FILED  
Mar 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3695 LAKE DRIVE  
COCOA, FL 329264251

**New Principal Place of Business:**

**Current Mailing Address:**

3695 LAKE DRIVE  
COCOA, FL 329264251

**New Mailing Address:**

5525 NORTH COURTENAY PARKWAY  
MERRITT ISLAND, FL 32953

FEI Number: 59-3131502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTER, J  
3695 LAKE DR  
COCOA, FL 32926 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CRISAFULLI, BUD  
Address: 5525 COURTNEY PKWY,  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP ( ) Delete  
Name: SCHULLER, TOM  
Address: PO BOX 457  
City-St-Zip: SCOTTSMOOR, FL 32775

Title: T ( ) Delete  
Name: ALFORD, TONY  
Address: 5772 SARATOGA LANE  
City-St-Zip: COCOA, FL 329262459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUD CRISAFULLI

P

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date