FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:10

DOCUMENT # **709424** **(6)**

1. Corporation Name

FLORIDA CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1818 NORTH BERMUDA AVENUE (34741) P.O. BOX 421929 KISSIMMEE FL 34742-1929	1818 NORTH BERMUDA AVENUE (34741) P.O. BOX 421929 KISSIMMEE FL 34742-1929

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/11/1965**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0573004** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LOLLIS, BOBBIE J.
1818 N BERMUDA AVE
KISSIMMEE FL 32743

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☒ Change ☐ Addition
NAME	RICHARDSON, KAY	12 NAME	Kempfer, Billy	
STREET ADDRESS	22515 NW 60TH AVE.	13 STREET ADDRESS	8053 Hwy 192	
CITY-ST-ZIP	EVINSTON FL	14 CITY-ST-ZIP	Melbourne, FL 32904	
TITLE	VPD	21 TITLE	President-Elect & Director	☒ Change ☐ Addition
NAME	STOKES, EDGAR	22 NAME	Stokes, Edgar	
STREET ADDRESS	241 BAY ST	23 STREET ADDRESS	241 Bay Street	
CITY-ST-ZIP	LORIDA FL	24 CITY-ST-ZIP	Lorida, FL 33857	
TITLE	PED	31 TITLE	2nd Vice President & Director	☐ Change ☐ Addition
NAME	KEMPFER, BILLY	32 NAME	Smith, Marty	
STREET ADDRESS	8053 HIGHWAY 192	33 STREET ADDRESS	850 SE Fort King Street	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	Ocala, FL 34478	
TITLE	PPD	41 TITLE	Treasurer & Director	☐ Change ☒ Addition
NAME	PEARCE, JOE	42 NAME	Barthle, Larry	
STREET ADDRESS	1307 SW 11TH DR.	43 STREET ADDRESS	17231 Bellamy Bros Rd	
CITY-ST-ZIP	OKEECHOBEE FL	44 CITY-ST-ZIP	Dade City, FL 33525	
TITLE	VPD	51 TITLE	Secretary & Director	☒ Change ☐ Addition
NAME	SMITH, MARTY	52 NAME	Negus, Ray	
STREET ADDRESS	850 SE FORT KING STREET	53 STREET ADDRESS	7735 SR 512	
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	Tellamere, FL 32948	
TITLE	S	61 TITLE	2nd Vice President & Director	☒ Change ☐ Addition
NAME	SHERROD, MILDRED	62 NAME	Tucker, Bert	
STREET ADDRESS	P. O. BOX 875 N/A	63 STREET ADDRESS	4101 Fiske Trail	
CITY-ST-ZIP	IMMOKALEE FL	64 CITY-ST-ZIP	Rockledge, FL 32955	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Executive Vice President 2/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

_____ President 3/23/95
Daytime Phone #