2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90039 032 ****61.25

DOCUMENT # 709424

1. Entity Name

FLORIDA CATTLEMEN'S ASSOCIATION, INC.

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

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
800 Shakerag Road	P.O. Box 421929
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State: Kissimmee, FL 34742
Zip: 34742-1929 Country: Osceola	Zip: 34742-1929 Country: Osceola

4. FEI Number 59-0573004 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANDLEY, JIM 800 SHAKERAG ROAD KISSIMMEE FL 34744	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 J Handley Jim Handley 4/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILICEVIC, MIKE 106 SW CT. RD OKEECHOBBE FL 39474-8613	☐ Delete	VD Milicevic, Mike 106 SW CT. RD. 721 Okeechobee, FL 39474-8613	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HILLIARD, JOE II RT 2 BOX 175 CLEWISTON FL 33440	☐ Delete	VD Hillard, Joe M. II 5500 Flaghole Road Clewiston, FL 33440	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARTHLE, BILL P.O. BOX 1000 SAN ANTONIO FL 33576	☐ Delete	TD Barthle, Bill P.O. Box 1000 San Antonio, FL 33576	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEST, ROGER DR RT 2 BOX 175 CLEWISTON FL 33440	☐ Delete	PD West, Roger Dr. 2229 SW 56th Ave Gainesville FL 32608-5024	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PHILLIPS, DVM 21850 SE 10TH STREET MORRISTON FL 32668-3001	☐ Delete	VD Phillips, Hal DVM 21850 SE 10th St. Morriston FL 32668-3001	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GODWIN, WAYNE 1170 LAKE GROVES RD NW LAKE PLACID FL 33850	☑ Delete	SD Rooks, Larry 6661 S Pleasant Grove Rd Inverness FL 34452-8388	☐ Change ☑ Addition

12. 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 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: J Handley Jim Handley 04-05-04 407-846-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #