

# 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

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 709424</b>                                       |  |
| 1. Entity Name<br><b>FLORIDA CATTLEMEN'S ASSOCIATION, INC.</b> |                                                                                   |

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

|                                                            |                                              |
|------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br><b>800 Shakerag Road</b> | 3. Mailing Address<br><b>P.O. Box 421929</b> |
| Suite, Apt. #, etc.                                        | Suite, Apt. #, etc.                          |

|                                     |                                            |
|-------------------------------------|--------------------------------------------|
| City & State<br><b>Kissimmee FL</b> | City & State<br><b>Kissimmee, FL 34742</b> |
|-------------------------------------|--------------------------------------------|

|                          |                           |                          |                           |
|--------------------------|---------------------------|--------------------------|---------------------------|
| Zip<br><b>34742-1929</b> | Country<br><b>Osceola</b> | Zip<br><b>34742-1929</b> | Country<br><b>Osceola</b> |
|--------------------------|---------------------------|--------------------------|---------------------------|

|                                                 |
|-------------------------------------------------|
| 6. Name and Address of Current Registered Agent |
|-------------------------------------------------|

|                                                                              |
|------------------------------------------------------------------------------|
| <b>HANDLEY, JIM</b><br><b>800 SHAKERAG ROAD</b><br><b>KISSIMMEE FL 34744</b> |
|------------------------------------------------------------------------------|

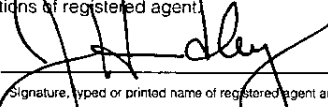
|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-0573004</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                        |
|-----------------------------------------------------------|----------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required. |
|-----------------------------------------------------------|----------------------------------------|

|                                             |
|---------------------------------------------|
| 7. Name and Address of New Registered Agent |
|---------------------------------------------|

|                                                    |
|----------------------------------------------------|
| Name                                               |
| Street Address (P.O. Box Number is Not Acceptable) |
| City                                               |
| State <b>FL</b>                                    |
| 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.

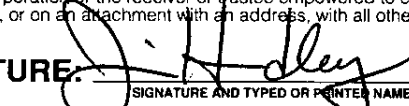
SIGNATURE  **Jim Handley** DATE **4/5/04**

|                                                              |                                                                                     |                                    |                                                                    |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                                |
|----------------------------|------------------------------------------------|
| TITLE                      | TD <input type="checkbox"/> Delete             |
| NAME                       | <b>MILICEVIC, MIKE</b>                         |
| STREET ADDRESS             | <b>106 SW CT. RD</b>                           |
| CITY - ST - ZIP            | <b>OKEECHOBEE FL 39474-8613</b>                |
| TITLE                      | VD <input type="checkbox"/> Delete             |
| NAME                       | <b>HILLIARD, JOE II</b>                        |
| STREET ADDRESS             | <b>RT 2 BOX 175</b>                            |
| CITY - ST - ZIP            | <b>CLEWISTON FL 33440</b>                      |
| TITLE                      | SD <input type="checkbox"/> Delete             |
| NAME                       | <b>BARTHE, BILL</b>                            |
| STREET ADDRESS             | <b>P.O. BOX 1000</b>                           |
| CITY - ST - ZIP            | <b>SAN ANTONIO FL 33576</b>                    |
| TITLE                      | VD <input type="checkbox"/> Delete             |
| NAME                       | <b>WEST, ROGER DR</b>                          |
| STREET ADDRESS             | <b>RT 2 BOX 175</b>                            |
| CITY - ST - ZIP            | <b>CLEWISTON FL 33440</b>                      |
| TITLE                      | VD <input type="checkbox"/> Delete             |
| NAME                       | <b>PHILLIPS, DVM</b>                           |
| STREET ADDRESS             | <b>21850 SE 10TH STREET</b>                    |
| CITY - ST - ZIP            | <b>MORRISTON FL 32668-3001</b>                 |
| TITLE                      | VDP <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>GODWIN, WAYNE</b>                           |
| STREET ADDRESS             | <b>1170 LAKE GROVES RD NW</b>                  |
| CITY - ST - ZIP            | <b>LAKE PLACID FL 33850</b>                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                 |
|-------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE                                                 | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | <b>Milicevic, Mike</b>                                                          |
| STREET ADDRESS                                        | <b>106 SW CT. RD. 721</b>                                                       |
| CITY - ST - ZIP                                       | <b>Okeechobee, FL 39474-8613</b>                                                |
| TITLE                                                 | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | <b>Hilliard, Joe M. II</b>                                                      |
| STREET ADDRESS                                        | <b>5500 Flaghole Road</b>                                                       |
| CITY - ST - ZIP                                       | <b>Clewiston, FL 33440</b>                                                      |
| TITLE                                                 | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | <b>Barthle, Bill</b>                                                            |
| STREET ADDRESS                                        | <b>P.O. Box 1000</b>                                                            |
| CITY - ST - ZIP                                       | <b>San Antonio, FL 33576</b>                                                    |
| TITLE                                                 | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | <b>West, Roger Dr.</b>                                                          |
| STREET ADDRESS                                        | <b>2229 SW 56th Ave</b>                                                         |
| CITY - ST - ZIP                                       | <b>Gainesville FL 32608-5024</b>                                                |
| TITLE                                                 | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | <b>Phillips, Hal DVM</b>                                                        |
| STREET ADDRESS                                        | <b>21850 SE 10th St.</b>                                                        |
| CITY - ST - ZIP                                       | <b>Morrison FL 32668-3001</b>                                                   |
| TITLE                                                 | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                  | <b>Rooks, Larry</b>                                                             |
| STREET ADDRESS                                        | <b>6661 S Pleasant Grove Rd</b>                                                 |
| CITY - ST - ZIP                                       | <b>Inverness FL 34452-8388</b>                                                  |

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  | <b>Jim Handley</b> | <b>04-05-04</b> | <b>407-846-6221</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                            |                    | Date            | Daytime Phone #     |