2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State
02-23-2005 90076 002 ****61.25
08-02-2005 90029 020 ****61.25

DOCUMENT # 709424

1. Entity Name
FLORIDA CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
800 SHAKERAG ROAD KISSIMMEE, FL 34742-1929	P.O. BOX 421929 KISSIMMEE, FL 34742-1929

5006[illegible]081

07132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

HANDLEY, JIM
800 SHAKERAG ROAD
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

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 _____ 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 September 7, 2005

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	VD MILICEVIC, MIKE 106 SW CT RD 721 OKEECHOBBE, FL 394748613	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd Vice President Bo Hobby 15720 SW 191 Ave. Williston, FL 32696	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HILLIARD, JOE II 5500 FLAGHOLE RD CLEWISTON, FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer wade Grigsby P.O. Box 338 LaBelle, FL 33975-0338	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARTHLE, BILL P.O. BOX 1000 SAN ANTONIO, FL 33576	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jim Strickland 24615 Oak Knoll Rd Myakka City, FL 34251	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEST, ROGER DR 2229 SW 56TH AVE GAINESVILLE, FL 326085024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PHILLIPS, HAL DVM 21850 SE 10TH STREET MORRISTON, FL 326683001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROOKS, LARRY 6661 S PLEASANT GROVE RD INVERNESS, FL 344528388	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Mel Tatlow Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #