

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90043 010 ****61.25

DOCUMENT # 709424 1. Entity Name FLORIDA CATTLEMEN'S ASSOCIATION, INC.					
Principal Place of Business 800 SHAKERAG ROAD KISSIMMEE, FL 34742-1929				Mailing Address P.O. BOX 421929 KISSIMMEE, FL 34742-1929	
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	
				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 _____ 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 May 1, 2006		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	2VP HOBBY, BO 15720 SW 191 SW WILLISTON, FL 32696 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JOE Hilliard II 5500 Flaghole Rd. Clewiston, FL 33440 ☐ 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 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIGSBY, WADE P.O. BOX 338 LABELLE, FL 339750338 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Elect Hal Phillips, DVM 21850 SE 10th St. Morriston, FL 32668 ☐ 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	First Vice President Larry Rooks 6661 S. Pleasant Grove Rd. Inverness, FL 34452 ☐ 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	Secretary Jim Strickland 24615 Oak Knoll Rd. Myakka City, FL 34251 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemptions contained 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 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date: 2/10/06	
Daytime Phone #					