2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90082 041 ****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

01172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	X Pres-Elect HOBBY, BO 15720 SW 191 SW WILLISTON, FL 32696	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Woody Lawson 10000 N. Hwy 98 Okeechobee, FL 34972-76	☐ Change ☑ Addition Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VP GRIGSBY, WADE P.O. BOX 338 LABELLE, FL 33975	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Grigsby, Wade P.O. Box 338 Labelle, FL 33975	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PHILLIPS, HAL 21850 SE 10TH ST MORRISTON, FL 32668	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect Hobby, Bo 15720 S.W. 191 S.W. Williston, FL 32696	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President BROOKS, LARRY 6661 S PLEASANT GROVE RD INVERNESS, FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rooks, Larry 6661 S. Pleasant Grove Rd. Inverness, FL 34452	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VP STRICKLAND, JIM 24615 OAK KNOLL RD MYAKKA CITY, FL 34251	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VP Strickland, Jim 24615 Oak Knoll Rd. Myakka City, FL 34251	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer QUINCEY, DON 2350 NW 120TH STREET CHIEFLAND, FL 32626	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Quincy, Don 2350 N.W. 120th St. Chiefland, FL 32626	☑ 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: _____ 1-15-08 407 846 6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #