2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# 709424

Entity Name: FLORIDA CATTLEMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

800 SHAKERAG ROAD
KISSIMMEE, FL 347421929

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 421929
KISSIMMEE, FL 347421929

New Mailing Address:

FEI Number: 59-0573004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANDLEY, JIM
800 SHAKERAG ROAD
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PE	( ) Delete
Name:	GRIGSBY, WADE	
Address:	1165 COUNCIL ROAD	
City-St-Zip:	VENUS, FL 33960	
Title:	VP	( ) Delete
Name:	STRICKLAND, JIM	
Address:	24615 OAK KNOLL ROAD	
City-St-Zip:	MYAKKA CITY, FL 34251	
Title:	S	( ) Delete
Name:	WILLIAMSON, WES	
Address:	PO BOX 248	
City-St-Zip:	OKEECHOBEE, FL 34973	
Title:	P	( ) Delete
Name:	HOBBY, BO	
Address:	15720 SW 191 AVENUE	
City-St-Zip:	WILLISTON, FL 32696	
Title:	2VP	( ) Delete
Name:	QUINCY, DON	
Address:	2350 NW 120TH STREET	
City-St-Zip:	CHIEFLAND, FL 32626	
Title:	T	( ) Delete
Name:	LARSON, WOODY	
Address:	10000 HIGHWAY 98 NORTH	
City-St-Zip:	OKEECHOBEE, FL 34972	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	2VP	(X) Change ( ) Addition
Name:	QUINCEY, DON	
Address:	2350 NW 120TH STREET	
City-St-Zip:	CHIEFLAND, FL 32626	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE GRIGSBY PE 02/09/2009

Electronic Signature of Signing Officer or Director — Date