

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709424

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**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  
Name: STRICKLAND, JIM  
Address: 24615JOAK KNOLL ROAD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: VP  
Name: QUINCY, DON  
Address: 2350 NW 120TH STREET  
City-St-Zip: CHIEFLAND, FL 32626

Title: S  
Name: KEMPFER, HENRY  
Address: ONE BUMPY ROAD  
City-St-Zip: MELBOURNE, FL 32904

Title: P  
Name: GRIGSBY, WADE  
Address: 1165 COUNCIL ROAD  
City-St-Zip: VENUS, FL 33960

Title: 2VP  
Name: LARSON, WOODY  
Address: 10000 HIGHWAY 98 NORTH  
City-St-Zip: OKEECHOBEE, FL 34972

Title: T  
Name: WILLIAMSON, WES  
Address: PO BOX 248  
City-St-Zip: OKEECHOBEE, FL 34973

I hereby 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 all other like empowered.

SIGNATURE: WADE GRIGSBY

P

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date