


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90023 023 \*\*\*\*61.25

|  |                       |   |   |  |  |
|--|-----------------------|---|---|--|--|
| <b>DOCUMENT # N02936</b><br>1. Entity Name<br><b>BRADFORD-UNION CATTLEMAN'S ASSOCIATION, INCORPORATED</b>  |                       |   |   |   |  |
| Principal Place of Business<br><b>5816 NW 230TH STREET<br/>LAWTEY, FL 32058</b>  |                       |   |   | Mailing Address<br><b>5816 NW 230TH STREET<br/>LAWTEY, FL 32058</b>  |  |
| 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   |  |  |
| 6. Name and Address of Current Registered Agent  |                       |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>NORMAN, RAY</b><br><b>5816 NW 230TH STREET</b><br><b>LAWTEY, FL 32058</b>   |                       |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 <u><i>Ray Norman</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                       | <u><i>Ray Norman</i></u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   | <u><i>4-9-07</i></u><br><small>DATE</small>  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                     |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |                       |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
| TITLE  | PD                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | CRAWFORD, ERIC        |   | NAME  |  |  |
| STREET ADDRESS   | 3969 NW CR 233        |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | STARKE, FL 32091      |   | CITY-ST-ZIP   |  |  |
| TITLE  | SD                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | HARRIS, DONALD        |   | NAME  |  |  |
| STREET ADDRESS   | 19472 NW 42ND AVE     |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | STARKE, FL 32091      |   | CITY-ST-ZIP   |  |  |
| TITLE  | D                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | ODEN, EDDIE           |   | NAME  |  |  |
| STREET ADDRESS   | 19645 NW CR 235       |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | LAKE BUTLER, FL 32054 |   | CITY-ST-ZIP   |  |  |
| TITLE  | D                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | ANDREWS, WILBUR       |   | NAME  |  |  |
| STREET ADDRESS   | 14509 SW 161ST STREET |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BROOKER, FL 32622     |   | CITY-ST-ZIP   |  |  |
| TITLE  | D                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | WIGGINS, CONNIE       |   | NAME  |  |  |
| STREET ADDRESS   | 756 W MARKET ROAD     |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | STARKE, FL 32091      |   | CITY-ST-ZIP   |  |  |
| TITLE  | D                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | WHITEHEAD, BARRY      |   | NAME  |  |  |
| STREET ADDRESS   | 1051 NW 213TH STREET  |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | LAKE BUTLER, FL 32054 |   | CITY-ST-ZIP   |  |  |
| 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: <u><i>Ray Norman</i></u>  |                       | <u><i>Ray Norman</i></u>  |   | <u><i>4-9-07</i></u>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                       | <small>DATE</small>   |   | <small>Daytime Phone #</small>   |  |

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