

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-07-2008 90042 007 ****61.25

DOCUMENT # N02936 1. Entity Name BRADFORD-UNION CATTLEMAN'S ASSOCIATION, INCORPORATED					
Principal Place of Business 5816 NW 230TH STREET LAWTEY, FL 32058			Mailing Address 5816 NW 230TH STREET LAWTEY, FL 32058		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 331746118	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NORMAN, RAY 5816 NW 230TH STREET LAWTEY, FL 32058			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <i>Ray Norman</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%;"> <i>Ray Norman</i> <small>(NOTE: Registered Agent signature required when reconstituting)</small> </div> <div style="width: 30%;"> 4-4-08 <small>DATE</small> </div> </div>					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD CRAWFORD, ERIC 3989 NW CR 233 STARKE, FL 32091	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUY WAYNE PARRISH 15001 SW CR 231 BROOKER, FL 32622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, DONALD 19472 NW 42ND AVE STARKE, FL 32091	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODEN, EDDIE 19645 NW CR 235 LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, WILBUR 14509 SW 161ST STREET BROOKER, FL 32622	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, CONNIE 756 W MARKET ROAD STARKE, FL 32091	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHEAD, BARRY 1051 NW 213TH STREET LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Ray Norman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			RAY NORMAN-SEC/TREASURER <small>Date</small>		
4/4/08 <small>Daytime Phone #</small>			904-966-6280		

66008752



01102008 Chg-NP CR2E037 (12/06)