

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004602 (7)

1. Corporation Name

FLORIDA CRACKER CATTLE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

UNIVERSITY OF FLORIDA/DEPT OF ANIMAL SCIEN
ROOM 202B BLDG. 459 SHEALY DRIVE
GAINESVILLE FL 32611

UNIVERSITY OF FLORIDA/DEPT OF ANIMAL SCIEN
ROOM 202B BLDG. 459 SHEALY DRIVE
GAINESVILLE FL 32611



3. Date Incorporated or Qualified
09/27/1995

3a. Date of Last Report
9/27/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSON, TIM
UNIVERSITY OF FLORIDA/DEPT OF ANIMAL SCIEN
ROOM 202B BLDG. 459 SHEALY DRIVE
GAINESVILLE FL 32611

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

800001911268
-08/02/96--01024--033

84 City

***61.25

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

~~XXXXXXXXXXXX President~~

☐ DELETE

~~XXXXXXXXXXXX John Lipe~~

~~XXXXXXXXXXXX 6153 Paradise Ranch RD.~~

~~XXXXXXXXXXXX Arcadia, Fla. 33821~~

~~XXXXXXXXXXXX Vice President~~

~~XXXXXXXXXXXX Stephen Monroe~~

~~XXXXXXXXXXXX Rt. 3, Box 52~~

~~XXXXXXXXXXXX Monticello, Fla. 32344~~

~~XXXXXXXXXXXX Secretary~~

~~XXXXXXXXXXXX Peggy Miller~~

~~XXXXXXXXXXXX Box 519~~

~~XXXXXXXXXXXX Bronson, Fla. 32621~~

~~XXXXXXXXXXXX Treasurer~~

~~XXXXXXXXXXXX Pat Bass~~

~~XXXXXXXXXXXX 20609 NW 176th Ave.~~

~~XXXXXXXXXXXX Okeechobee, Fla. 33472~~

~~XXXXXXXXXXXX Director~~

~~XXXXXXXXXXXX Angie Hutchens~~

~~XXXXXXXXXXXX Rt. 1, Box 78~~

~~XXXXXXXXXXXX Laurel Hill, Fl. 32567~~

~~XXXXXXXXXXXX Director~~

~~XXXXXXXXXXXX Doyle Conner, Jr.~~

~~XXXXXXXXXXXX Rt. 4, Box 4384~~

~~XXXXXXXXXXXX Monticello, Fla. 32344~~

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SIGNATURE: *Peggy Miller* (Secy)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEGGY MILLER

7-29-96-352486-2966

Date Daytime Phone

CR2E037 (3/96)