

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004602 (7)**

1. Corporation Name

FLORIDA CRACKER CATTLE ASSOCIATION, INC.

Principal Place of Business UNIVERSITY OF FLORIDA/DEPT OF ANIMAL SCIEN ROOM 202B BLDG. 459 SHEALY DRIVE GAINESVILLE FL 32611	Mailing Address UNIVERSITY OF FLORIDA/DEPT OF ANIMAL SCIEN ROOM 202B BLDG. 459 SHEALY DRIVE GAINESVILLE FL 32611
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1995	3a. Date of Last Report 08/01/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OLSON, TIM UNIVERSITY OF FLORIDA/DEPT OF ANIMAL SCIEN ROOM 202B BLDG. 459 SHEALY DRIVE GAINESVILLE FL 32611				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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

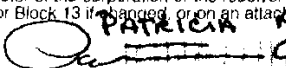
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNER, DOYLE JR.			1.2 NAME	JOHN W. LIPE		
STREET ADDRESS	RT 4 BOX 4384			1.3 STREET ADDRESS	6153 SW PARADISE RANCH ROAD		
CITY-ST-ZIP	MONTICELLO FL 32344			1.4 CITY-ST-ZIP	ARCADIA, FL 34266		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTCHENS, ANGIE			2.2 NAME	STEPHEN MONROE		
STREET ADDRESS	RT 1 BOX 78			2.3 STREET ADDRESS	RT. 3 BOX 52		N/A
CITY-ST-ZIP	LAUREL HILL FL 32567			2.4 CITY-ST-ZIP	MONTICELLO, FL 32344		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASS, PAT			3.2 NAME	PAULINE E. LIPE		
STREET ADDRESS	20609 NW 176TH AVE.			3.3 STREET ADDRESS	6153 SW PARADISE RANCH ROAD		
CITY-ST-ZIP	OKEECHOBEE FL 33472			3.4 CITY-ST-ZIP	ARCADIA, FL 34266		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, PEGGY			4.2 NAME	PEGGY MILLER		N/A
STREET ADDRESS	BOX 519			4.3 STREET ADDRESS	BOX 519		
CITY-ST-ZIP	BRONSON FL 32621			4.4 CITY-ST-ZIP	BRONSON, FL 32821		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	JESSIE WOODS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONROE, STEPHEN			5.2 NAME	P.O. BOX 126		N/A
STREET ADDRESS	RT 3 BOX 52			5.3 STREET ADDRESS	MELROSE, GA. 31065		
CITY-ST-ZIP	MONTICELLO FL 32344			5.4 CITY-ST-ZIP	DIRECTOR		
TITLE	P	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIPE, JOHN			6.2 NAME	PATRICIA A. BASS		
STREET ADDRESS	6153 PARADISE RANCH RD.			6.3 STREET ADDRESS	20609-NW 176 AVE		
CITY-ST-ZIP	ARCADIA FL 33821			6.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with this report.

SIGNATURE:  **PATRICIA A. BASS, TREASURER**

Date **2/19/97** (941) 763-2058
Daytime Phone # **0077683**

CR2E037 (9/96)