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FILED  
Mar 31 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 20609-NW 176th Ave

22 City & State

27 City & State

23 Zip

Country

28 Okeechobee, Florida

29 34972

Country

30 Okeechobee

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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

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 P  
NAME LIPE, JOHN W.  
STREET ADDRESS 6153 SW PARADISE RANCH ROAD  
CITY-ST-ZIP ARACADIA FL ☒ DELETE

1.1 TITLE P  
1.2 NAME MONROE, STEPHEN  
1.3 STREET ADDRESS RTE 3 BOX 52  
1.4 CITY-ST-ZIP MONTICELLO, FL ☒ Change ☐ Addition

TITLE VP  
NAME MONROE, STEPHEN  
STREET ADDRESS RTE. 3, BOX 52  
CITY-ST-ZIP MONTICELLO FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME BASS, PAT  
STREET ADDRESS 20609 NW 176TH AVE.  
CITY-ST-ZIP OKEECHOBEE FL 33472 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MILLER, PEGGY  
STREET ADDRESS POST OFFICE BOX 519 N/A  
CITY-ST-ZIP BRONSON FL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WOODS, JESSIE  
STREET ADDRESS POST OFFICE BOX 126 N/A  
CITY-ST-ZIP MELROSE GA ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME BASS, PATRICIA A  
STREET ADDRESS 20609 NW 176TH AVE  
CITY-ST-ZIP OKEECHOBEE FL ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 an address.

SIGNATURE PATRICIA ANN BASS 8/1/98 10/1/98

CR2E037 (10/97)