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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004602**

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

20609 NW 176TH AVE  
ROOM 202B BLDG. 459 SHEALY DRIVE  
OKEECHOBEE FL 34972  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**09/27/1995**

4. FEI Number

**NOT APPLICABLE**

☒ 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

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

TITLE **P** ☒ DELETE

NAME **MONROE, STEPHEN**

STREET ADDRESS **RT 3 BOX 52**

CITY-ST-ZIP **MONTICELLO FL**

TITLE **VP** ☒ DELETE

NAME **MONROE, STEPHEN**

STREET ADDRESS **RTE. 3, BOX 52**

CITY-ST-ZIP **MONTICELLO FL**

TITLE **T** ☐ DELETE

NAME **BASS, PAT**

STREET ADDRESS **20609 NW 176TH AVE.**

CITY-ST-ZIP **OKEECHOBEE FL 33472**

TITLE **D** ☒ DELETE

NAME **MILLER, PEGGY**

STREET ADDRESS **POST OFFICE BOX 519 N/A**

CITY-ST-ZIP **BRONSON FL**

TITLE **D** ☒ DELETE

NAME **WOODS, JESSIE**

STREET ADDRESS **POST OFFICE BOX 126 N/A**

CITY-ST-ZIP **MELROSE GA**

TITLE **T** ☐ DELETE

NAME **BASS, PATRICIA A**

STREET ADDRESS **20609 NW 176TH AVE**

CITY-ST-ZIP **OKEECHOBEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **RAYMOND HAMLIN**

1.3 STREET ADDRESS **SUMATRA STAR RT. Box 15**

1.4 CITY-ST-ZIP **TALLAHASSEE, FL 32304**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **MIKE DUANE**

2.3 STREET ADDRESS **10811-SE-ALLAPATTAH ROAD**

2.4 CITY-ST-ZIP **INDIAN TOWN, FL 34956**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **S** ☒ Change ☐ Addition

4.2 NAME **KRISTY MONROE**

4.3 STREET ADDRESS **RT. 3 Box 52**

4.4 CITY-ST-ZIP **MONTICELLO, FL 33472**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **ELWYN BASS**

5.3 STREET ADDRESS **20609- NW 176 AVE**

5.4 CITY-ST-ZIP **OKEECHOBEE, FL 34972**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/99**

Date

Daytime Phone #

CR2E037 (11/98)