
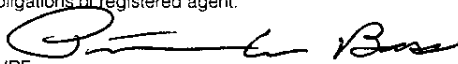
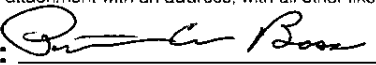


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90007 014 ****61.25

DOCUMENT # N95000004602 1. Entity Name FLORIDA CRACKER CATTLE ASSOCIATION, INC.					
Principal Place of Business UNIVERSITY OF FL/ DEPT OF ANIMAL SCIE ROOM 202B BLDG. 459 SHEALY DRIVE GAINESVILLE FL 32611			Mailing Address UNIVERSITY OF FL/ DEPT OF ANIMAL SCIE. ROOM 202B BLDG. 459 SHEALY DRIVE GAINESVILLE FL 32611 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OLSON, TIM UNIVERSITY OF FL/DEPT OF ANIMAL SCIEN ROOM 202B BLDG. 459 SHEALY DRIVE GAINESVILLE FL 32611			Name PATRICIA BASS Street Address (P.O. Box Number is Not Acceptable) 20609-NW 176 AVE City OKEECHOBEE FL Zip Code 34972		
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; align-items: flex-end;"> <div style="text-align: center;">  SIGNATURE </div> <div style="text-align: center;"> 2/10/04 DATE </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing <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	P DUANE, MIKE 10811 SE A LAPATTALT RD INDIANTOWN FL 34956	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASS, ELWYN 20609-NW 176 AVE OKEECHOBEE, FL 34972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASS, ELWYN 20609 NW 176 AVE. OKEECHOBEE FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD CONNORS VP 385 N. MULBERRY ST MONTECELLE, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASS, PAT 20609 NW 176TH AVE. OKEECHOBEE FL 33472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATRICIA BASS 20609-NW 176 AVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUANE, CHRISTIAN 10811 SE ALAPATTALI RD. INDIANTOWN FL 34956	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAULINE LIPG 9080 S. LIPG ROAD ARCADIA, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ELWYN 20609 NW 176 AVE OKEECHOBEE FL 34972	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN LIPG 9080-S LIPG RD ARCADIA, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASS, PATRICIA A 20609 NW 176TH AVE OKEECHOBEE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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: 			PATRICIA A. BASS 2/10/04 863-763-2058		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		