

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 NOV 21 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N95000004602	
1. Entity Name FLORIDA CRACKER CATTLE ASSOCIATION, INC.	



Principal Place of Business UNIVERSITY OF FL/ DEPT OF ANIMAL SCIEN ROOM 202B BLDG. 459 SHEALY DRIVE GAINESVILLE, FL 32611	Mailing Address UNIVERSITY OF FL/ DEPT OF ANIMAL SCIEN ROOM 202B BLDG. 459 SHEALY DRIVE GAINESVILLE, FL 32611 US
--	---

2. Principal Place of Business 20609 NW 176 Ave	3. Mailing Address 20609 NW 176 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Okeechobee, FL	City & State Okeechobee, FL
Zip 34972	Zip 34972
Country Okeechobee	Country Okeechobee

11142006 REIN-NP CR2E099 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent BASS, PATRICIA 20609 NW 176 AVE OKEECHOBEE, FL 34972

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title (Note: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	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 CONNERS, JD 385 N. MULBERRY ST MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800081983038 11/21/06--01026--015 **236.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BASS, ELWYN 20609 NW 176 AVE. OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LIPG, PAULENE 9080 S. LIPS ROAD ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LIPG, JOHN 9080 S LIPS ROAD ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
11/16/06
Date
Daytime Phone #