


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 048 ****61.25

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

Principal Place of Business 20609 NW 176TH AVENUE OKEECHOBEE, FL 34972 US	Mailing Address 20609 NW 176TH AVENUE OKEECHOBEE, FL 34972 US
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40114453



2. Principal Place of Business - No P.O. Box # 407 S. CALHOUN ST M-7	3. Mailing Address 407 S. CALHOUN ST. M-7
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08192008 Chg-NP CR2E037 (12/06)

City & State Tallahassee, Florida	City & State TALLAHASSEE, Florida
Zip 32399-0800	Country LEON
Country LEON	Zip 32399-0800

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 STEPHEN MONROE Street Address (P.O. Box Number is Not Acceptable) 407 S. CALHOUN ST. M-7 City Tallahassee, FL Zip Code 32399-0800
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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 <i>Stephen Monroe</i> STEPHEN MONROE, TREASURER AND EXECUTIVE DIRECTOR 8/19/08	DATE

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLIAN, JACK 10841 HWY-320 MICANOPY, FL 32667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACK GILLEN 100 SAVANNAH BLVD MICANOPY, FLORIDA 32667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ELWYN 20609 NW 176TH AVENUE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IRIS WALL 15885 SW WARFIELD BLVD INDIANTOWN, FLORIDA 34956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASS, PAT 20609 NW 176TH AVENUE OKEECHOBEE, FL 34972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHEN MONROE 407 S. CALHOUN ST. M-7 TALLAHASSEE, FLORIDA 32399-0800 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIPE, PAULENE 9080 S. LIPE ROAD ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAULENE LIPE 9080 LIPE ROAD ARCADIA, FLORIDA 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPE, JOHN 9080 S. LIPE ROAD ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN LIPE 9080 LIPE ROAD ARCADIA, FLORIDA 34266 <input checked="" 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	D ELWYN BASS 20609 NW 176TH AVENUE OKEECHOBEE, FLORIDA 34972 <input checked="" 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: <i>Stephen Monroe</i> STEPHEN MONROE, Ex. Dir./Treasurer 8/19/08 850-410-0944	DATE DAYTIME PHONE #