

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004602

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA CRACKER CATTLE ASSOCIATION, INC.

Current Principal Place of Business:

407 S CALHOUN M-7
TALLAHASSEE, FL 32399 US

New Principal Place of Business:

Current Mailing Address:

407 S CALHOUN M-7
TALLAHASSEE, FL 32399 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MONROE, STEPHEN
407 S CALHOUN ST M-7
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILLEN, JACK
Address: 100 SAVANNAH BLVD
City-St-Zip: MICANOPY, FL 32667 US

Title: D () Delete
Name: BASS, ELWYN
Address: 20609 NW 176TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: T () Delete
Name: MONROE, STEPHEN
Address: 407 S CALHOUN ST M-7
City-St-Zip: TALLAHASSEE, FL 32399 US

Title: S () Delete
Name: LIPE, PAULINE
Address: 9080 S. LIPS ROAD
City-St-Zip: ARCADIA, FL 34266 US

Title: D () Delete
Name: LIPE, JOHN
Address: 9080 S LIPS ROAD
City-St-Zip: ARCADIA, FL 34266 US

Title: V () Delete
Name: WALL, IRIS
Address: 13885 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WALL, IRIS
Address: 13885 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 334956 US

Title: V-P (X) Change () Addition
Name: SUMNER, JOE
Address: PO BOX 604
City-St-Zip: BALM, FL 33503 US

Title: TRES (X) Change () Addition
Name: MONROE, STEPHEN
Address: 407 S CALHOUN ST M-7
City-St-Zip: TALLAHASSEE, FL 32399 US

Title: SEC (X) Change () Addition
Name: LIPE, PAULINE
Address: 9080 S. LIPS ROAD
City-St-Zip: ARCADIA, FL 34266 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OLSON, TIM
Address: 11928 NW 199 AVE
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN MONROE

EXEC

04/28/2009

Electronic Signature of Signing Officer or Director

Date