


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

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001740
 1. Entity Name
FLORIDA SIMMENTAL SIMBRAH ASSOCIATION, INC.



Principal Place of Business Mailing Address
5314 PEPPER LANE **5314 PEPPER LANE**
MARIANNA FL 32448-7340 **MARIANNA FL 32448-7340**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
DUDLEY P. HARDY, P.A.
998 N TEMPLE AVE
STARKE FL 32091

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROWE, BERNON | |
| STREET ADDRESS | 784 BRYAN LN | |
| CITY - ST - ZIP | AUBURNDALE FL 33823 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SEWELL, RODNEY | |
| STREET ADDRESS | 515 CUTHINS MILL RD | |
| CITY - ST - ZIP | CHIPLEY FL 32428 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | CARTER, CHANLEY | |
| STREET ADDRESS | 5314 PEPPER LN | |
| CITY - ST - ZIP | MARIANNA FL 32448 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NASH, KYLE R | |
| STREET ADDRESS | 3003 BRUTON ROAD | |
| CITY - ST - ZIP | PLANT CITY FL 33565 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U00000021312 | |
| STREET ADDRESS | 01/29/04-80102-019 61.25 | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(l), 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: *Chanley W. Carter* Chanley W. Carter 1-26-04 850-573-0949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #