

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90215 032 \*\*\*\*61.25

**DOCUMENT # N97000001740**

1. Entity Name

FLORIDA SIMMENTAL SIMBRAH ASSOCIATION, INC.



Principal Place of Business

5314 PEPPER LANE  
MARIANNA FL 32448-7340

Mailing Address

5314 PEPPER LANE  
MARIANNA FL 32448-7340

30013604



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3443506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUDLEY P. HARDY, P.A.  
998 N TEMPLE AVE  
STARKE FL 32091

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME ROWE, BERNON  
STREET ADDRESS 784 BRYAN LN  
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME SEWELL, RODNEY  
STREET ADDRESS 515 CUTCHINS MILL RD  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☒ Change ☒ Addition  
NAME ~~Director~~ P  
ALAN ROWE  
STREET ADDRESS 1632 PEARCE RD  
CITY-ST-ZIP PALM CITY FL 33868

TITLE ☐ Delete  
NAME CARTER, CHANLEY  
STREET ADDRESS 5314 PEPPER LN  
CITY-ST-ZIP MARIANNA FL 32448

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME NASH, KYLE R  
STREET ADDRESS 3003 BRUTON ROAD  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE ☐ Change ☒ Addition  
NAME Director  
SCOTT W. WILLIAMS  
STREET ADDRESS 6711 Old Hwy 37  
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☐ Delete  
NAME VP  
Robert Scott  
STREET ADDRESS 2805 RWS Ranch Rd  
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME Director  
Terry Sharp  
STREET ADDRESS 3901 Cork Rd  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE ☐ Change ☐ 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)(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: Chanley W. Carter Chanley W. Carter 2-22-05 850-573-0949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #