

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                      |  |                                                                                    |
|----------------------------------------------------------------------|--|------------------------------------------------------------------------------------|
| <b>DOCUMENT # N97000001740</b>                                       |  |  |
| 1. Entity Name<br><b>FLORIDA SIMMENTAL SIMBRAH ASSOCIATION, INC.</b> |  |                                                                                    |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>5314 PEPPER LANE<br/>MARIANNA FL 32448-7340</b> | Mailing Address<br><b>5314 PEPPER LANE<br/>MARIANNA FL 32448-7340</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|



|                                |                     |                    |         |
|--------------------------------|---------------------|--------------------|---------|
| 2. Principal Place of Business |                     | 3. Mailing Address |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |                    |         |
| City & State                   |                     | City & State       |         |
| Zip                            | Country             | Zip                | Country |

1st MOORE CR2E037 (10/05)

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        |             |
| <b>DUDLEY P. HARDY, P.A.<br/>998 N TEMPLE AVE<br/>STARKE FL 32091</b> |  | 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 re-registering) DATE \_\_\_\_\_

|                                                        |                                                                                                                        |                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                               |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ROWE, BERNON<br/>784 BRYAN LN<br/>AUBURNDALE FL 33823</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>ROWE, ALAN<br/>1632 PEARCE RD<br/>POLK CITY FL 33868</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>U00000439973<br/>03/02/06-80024-003 61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST<br/>CARTER, CHANLEY<br/>5314 PEPPER LN<br/>MARIANNA FL 32448</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WILLIAMS, SCOTT<br/>6711 OLD HWY 37<br/>LAKELAND FL 33811</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>SCOTT, ROBERT<br/>2805 RWS RANCH RD<br/>DAVENPORT FL 33837</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SHARP, TERRY<br/>3901 CORK RD<br/>PLANT CITY FL 33565</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.