

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90342 038 \*\*\*\*61.25

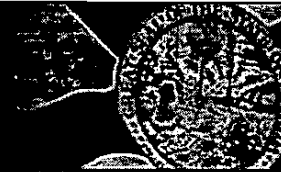
<b>DOCUMENT # N97000001740</b> 1. Entity Name FLORIDA SIMMENTAL SIMBRAH ASSOCIATION, INC.			
Principal Place of Business 11935 BACKLAND PATH RD ORLANDO, FL 32868		Mailing Address 11935 BACKLAND PATH RD ORLANDO, FL 32868	
2. Principal Place of Business - No P.O. Box # 3901 Cork Road Suite, Apt. #, etc.		3. Mailing Address 3901 Cork Road Suite, Apt. #, etc.	
City & State Plant City, FL. Zip 33565 Country		City & State Plant City, FL. Zip 33565 Country	
4. FEI Number 59-3443506		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, TERRI 3901 CORK RD PLANT CITY, FL 33565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, ALAN 1632 PEARCE RD POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILBER, DEBBIE 11935 BACKLAND PATH RD POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHIE, CLAY 410 EL SALVADOR DR LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, ROBERT 2805 RWS RANCH RD DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baker, Greg 4245 Fountain Lane Dunnellon, FL 34433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, DANIEL 3901 CORK RD PLANT CITY, FL 33565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.			
<b>SIGNATURE:</b> <u>Deborah Wilk ST</u>		Date <u>4/24/08</u> Daytime Phone # <u>(863) 738-0312</u>	

40084301



04232008 Chg-NP CR2E037 (12/06)

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

Document Number N97000001740

Business Entity Name FLORIDA SIMMENTAL SIMBRAH ASSOCIATION, INC.

Original File Date 03/28/1997

FEI Number 59-3443506

Principal Address 11935 BACKLAND PATH RD  
ORLANDO, FL 32868

Mailing Address 11935 BACKLAND PATH RD  
ORLANDO, FL 32868

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

### Officer/Director Name And Address

P  
TERRI SHARP  
3901 CORK RD  
PLANT CITY, FL 33565

D  
ALAN ROWE  
1632 PEARCE RD  
POLK CITY, FL 33868

ST  
DEBBIE WILBER  
11935 BACKLAND PATH RD  
POLK CITY, FL 33868

VP  
CLAY RICHIE  
410 EL SALVADOR DR  
LAKELAND, FL 33809

D  
ROBERT SCOTT

← City is wrong  
on website  
the 2007 Annual  
report is attached.  
\* That is probably why  
we did not get reminder  
card