2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001740

FILED May 05, 2009 Secretary of State

Entity Name: FLORIDA SIMMENTAL SIMBRAH ASSOCIATION, INC.

Current Pr	incipal Place of Business:	New Principal Place of Business:
3901 CORI PLANT CIT	KRD TY, FL 33565	
Current Ma	ailing Address:	New Mailing Address:
3901 CORI PLANT CIT	KRD Y, FL 33565	
n accordanc	59-3443506 FEI Number Applied For() te with s. 607.193(2)(b), F.S., the corporation did Address of Current Registered Agent:	•
DUDLEY P 998 N TEM STARKE, F		
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUR	RE:	
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete SHARP, TERRI 3901 CORK RD PLANT CITY, FL 33565	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete ROWE, ALAN 1632 PEARCE RD POLK CITY, FL 33868	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	ST () Delete WILBER, DEBBIE 11935 BACKLAND PATH RD POLK CITY, FL 33868	Title: VP (X) Change () Addition Name: ROWE, BEN Address: 788 BRYAN LANE City-St-Zip: AUBURNDALE, FL 33823
Fitle: Name: Address: City-St-Zip:	VP () Delete RICHIE, CLAY 410 EL SALVADOR DR LAKELAND, FL 33809	Title: ST (X) Change () Addition Name: RITCHIE, CLAY Address: 410 EL SALVADOR DR City-St-Zip: LAKELAND, FL 33809
Fitle: Name: Address: City-St-Zip:	D () Delete SHARP, DANIEL 3901 CORK RD PLANT CITY, FL 33565	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	()Delete	Title: D () Change (X) Addition Name: ROWE, JANICE Address: 784 BRYAN LANE City-St-Zip: AUBURNDALE, FL 33823

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: CLAY RITCHIE ST 05/05/2009