


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90032 041 \*\*\*\*61.25

<b>DOCUMENT # N99000006611</b>	
1. Entity Name <b>FLORIDA CATTLEMEN'S FOUNDATION, INC.</b>	

Principal Place of Business <b>800 SHAKERAG ROAD KISSIMMEE, FL 34744 US</b>	Mailing Address <b>P.O. BOX 421929 KISSIMMEE, FL 34742-1929</b>
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**66001788**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3606331</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HANDLEY, JAMES 800 SHAKERAG ROAD KISSIMMEE, FL 34744</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 resigning) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHARIS, NANCY</b>	NAME	
STREET ADDRESS	<b>36581 ELEVEN MILE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34945</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDRLE, KAREN, Vice Chairman</b>	NAME	
STREET ADDRESS	<b>5543 GUEST TERR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33981</b>	CITY-ST-ZIP	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILICEVIC, MIKE</b>	NAME	
STREET ADDRESS	<b>106 SW COUNTY ROAD, 721</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE, FL 34974</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILLIARD, JOE M II, Chairman</b>	NAME	
STREET ADDRESS	<b>5500 FLAGHOLE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEWISTON, FL 33440</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Jim Handley - Secretary</b>
STREET ADDRESS		STREET ADDRESS	<b>800 Shakerag Rd</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Kissimmee FL 34744</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: *Jim Handley* **Jim Handley** 1-19-07 (407) 846-6221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #