

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709424

Entity Name: FLORIDA CATTLEMEN'S ASSOCIATION, INC.**Current Principal Place of Business:**800 SHAKERAG ROAD
KISSIMMEE, FL 34744**Current Mailing Address:**P.O. BOX 421929
KISSIMMEE, FL 34742-1929**FEI Number:** 59-0573004**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANDLEY, JIM
800 SHAKERAG ROAD
KISSIMMEE, FL 34744 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	CARLTON, WES
Address	3810 ELEVEN MILE ROAD
City-State-Zip:	FORT PIERCE FL 34945-2507

Title	PRESIDENT
Name	PEARCE, MATT
Address	7843 NW 58TH LANE
City-State-Zip:	OKEECHOBEE FL 34972

Title	TREASURER
Name	DURDEN, PAT
Address	811 SPOONER ROAD
City-State-Zip:	QUINCY FL 32351

Title	OFFICER
Name	LOLLIS, GENE
Address	828 BUCK ISLAND RANCH RD
City-State-Zip:	LAKE PLACID FL 33852

Title	VP
Name	CODDINGTON, CLIFF
Address	317 RYE ROAD
City-State-Zip:	BRADENTON FL 34212-9553

Title	SECRETARY
Name	CARLTON, DALE
Address	P.O. BOX 835
City-State-Zip:	WAUCHULA FL 33873

I hereby 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 all other like empowered.

SIGNATURE: MATT PEARCE**PRESIDENT****01/14/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date