

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006995

Entity Name: SEMINOLE COUNTY CATTLEMEN'S ASSOCIATION INC.**Current Principal Place of Business:**4321 LAKE ASHBY RD
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**P.O. BOX 1348
GENEVA, FL 32732 US**FEI Number: 59-6196015****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DALRYMPLE, BROCKMAN
4321 LAKE ASHBY RD
NEW SMYRNA BEACH, FL 32168 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:** BROCKMAN DALRYMPLE

01/29/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ALTERNATIVE STATE DIRECTOR
Name YARBOROUGH, JK
Address PO BOX 1348
City-State-Zip: GENEVA FL 32732

Title VP
Name CORSON, GREG
Address 4502 BROWN RD
City-State-Zip: CHRISTMAS FL 32709

Title TREASURER
Name RANKIN, KERRI
Address PO BOX 10
City-State-Zip: GENEVA FL 32732

Title PRESIDENT
Name DALRYMPLE, BROCKMAN
Address 4321 LAKE ASHBY RD
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title SECRETARY
Name BURASZESKI, CARRIE
Address P.O. BOX 1348
City-State-Zip: GENEVA FL 32732

Title STATE DIRECTOR
Name FUTCH, GREG
Address PO BOX 1348
City-State-Zip: GENEVA FL 32732

Title DIRECTOR
Name MURPHY, ROBERT
Address 2300 SNOWHILL ROAD
City-State-Zip: CHULUOTA FL 32766

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: KERRI RANKIN**TREASURER**

01/29/2025

Electronic Signature of Signing Officer/Director Detail

Date