

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 10 PM 12: 27

**DOCUMENT # 790482 (4)**

1. Corporation Name  
**FLORIDA BRAHMAN ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**FLORIDA CATTLEMEN'S ASSOCIATION BUILDING  
1818 N. BERMUDA AVENUE  
KISSIMEE FL 34741**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/28/1944** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-6151508** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**CHAPMAN, JIMMY  
3850 N CANOE CREEK RD  
KENANSVILLE FL 34739**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>CHAPMAN, JIMMY</b>
STREET ADDRESS	<b>3850 N. CANOE CREEK RD.</b>
CITY - ST - ZIP	<b>KENANSVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>THOMPSON, WILLIAM B.</b>
STREET ADDRESS	<b>RT. 3, BOX 1428</b>
CITY - ST - ZIP	<b>MADISON FL</b>
TITLE	<b>P</b>
NAME	<b>BARTHE, JOE</b>
STREET ADDRESS	<b>936 BAYHEAD ROAD</b>
CITY - ST - ZIP	<b>DADE CITY FL</b>
TITLE	<b>D</b>
NAME	<b>SHACKELFORD, MARCUS</b>
STREET ADDRESS	<b>P.O. BOX 935 N/A</b>
CITY - ST - ZIP	<b>WAUCHULA FL</b>
TITLE	<b>T</b>
NAME	<b>BARTHE, LARRY</b>
STREET ADDRESS	<b>6099 BELLAMY BROS. BLVD</b>
CITY - ST - ZIP	<b>DADE CITY FL</b>
TITLE	<b>D</b>
NAME	<b>WALLACE, MIKE</b>
STREET ADDRESS	<b>18815 NW 20TH ST</b>
CITY - ST - ZIP	<b>OKEECHOBEE FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>Same name as 12</b>
14 CITY - ST - ZIP	
21 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Williams, Danny</b>
23 STREET ADDRESS	<b>147 S.W. 19-C</b>
24 CITY - ST - ZIP	<b>Archer, FL 32618</b>
31 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>Same name as 12</b>
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	<b>Same name as 12</b>
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual 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 its manager or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/95 407 892 2414**  
(Date) (Daytime Phone #)