

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90049 033 \*\*\*\*61.25

**DOCUMENT # 790482**

1. Entity Name

FLORIDA BRAHMAN ASSOCIATION, INC.



Principal Place of Business

FLORIDA CATTLEMEN'S ASSOC BLDG  
~~1818 N. BERMUDA AVENUE~~  
 KISSIMMEE FL ~~34741~~  
 US

Mailing Address

C/O MARCUS D. SHACKELFORD  
 POST OFFICE BOX 935  
 WAUCHULA FL 33873  
 US

24028968



MOORE CR2E037 (11/03)

2. Principal Place of Business

800 Shakerag Rd.  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

4. FEI Number

59-6151508

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHACKELFORD, MARCUS  
 840 WINGATE ROAD  
 WAUCHULA FL 33873

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHACKELFORD, MARCUS	
STREET ADDRESS	POST OFFICE BOX 935	
CITY-ST-ZIP	WAUCHULA FL 33873-0935	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NORRIS, KEVIN	
STREET ADDRESS	4315 OAK THICKET LANE	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTHLE, LARRY	
STREET ADDRESS	17231 BELLAMY BROS BLVD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARTIN, JANET	
STREET ADDRESS	2730 NEPTUNE ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMEN, JIMMY	
STREET ADDRESS	3650 N. CANOE CREEK ROAD	
CITY-ST-ZIP	KANANSVILLE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARTIN, MIKE	
STREET ADDRESS	2730 NEPTUNE ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Janet Partin* - Janet Partin

3/22/04

407-846-2168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #