
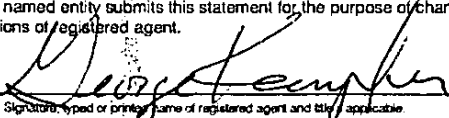
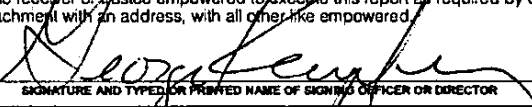


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90004 006 ****61.25

DOCUMENT # 790482					
1. Entity Name FLORIDA BRAHMAN ASSOCIATION, INC.					
Principal Place of Business 800 SHAKERAG RD KISSIMMEE, FL 34744 US			Mailing Address C/O MARCUS D. SHACKELFORD POST OFFICE BOX 935 WAUCHULA, FL 33873 US		
2. Principal Place of Business		3. Mailing Address 6254 Kempfer Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St. Cloud, FL		4. FEI Number 59-6151508	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34773		US		02062006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHACKELFORD, MARCUS 840 WINGATE ROAD WAUCHULA, FL 33873			Name George Kempfer		
			Street Address (P.O. Box Number is Not Acceptable)		
			6499 Sapling Lane		
			City Melbourne FL Zip Code 32904		
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 		(NOTE: Registered Agent signature required when reappointing)		DATE 2-20-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHACKELFORD, MARCUS		NAME	Kempfer, George	
STREET ADDRESS	POST OFFICE BOX 935		STREET ADDRESS	6499 Sapling Lane	
CITY-ST-ZIP	WAUCHULA, FL 338730935		CITY-ST-ZIP	Melbourne, FL 32904	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, KEVIN		NAME		
STREET ADDRESS	4315 OAK THICKET LANE		STREET ADDRESS		
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHLE, LARRY		NAME	Barthle, Randy	
STREET ADDRESS	17231 BELLAMY BROS BLVD		STREET ADDRESS	26345 Bayhead Rd	
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP	Dade City, FL 33523	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTIN, JANET		NAME	Kempfer, Becky	
STREET ADDRESS	2730 NEPTUNE ROAD		STREET ADDRESS	6499 Sapling Lane	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	Melbourne, FL 32904	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMEN, JIMMY		NAME	Newcomb, Clay	
STREET ADDRESS	3650 N. CANOE CREEK ROAD		STREET ADDRESS	3349 CR 545A	
CITY-ST-ZIP	KANANSVILLE, FL 34744		CITY-ST-ZIP	Bushnell, FL 33513	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTIN, MIKE		NAME	Partin, Dave	
STREET ADDRESS	2730 NEPTUNE ROAD		STREET ADDRESS	5601 N. Canoe Creek Rd	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	Kenansville, FL 34739	
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: 		DATE: 2-20-06		DAYTIME PHONE #: 407-892-1169	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	