

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790482

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLORIDA BRAHMAN ASSOCIATION, INC.

Current Principal Place of Business:

800 SHAKERAG RD
KISSIMMEE, FL 34744 US

New Principal Place of Business:

6254 KEMPFFER RD
ST.CLOUD, FL 34773 US

Current Mailing Address:

6254 KEMPFFER RD
SAINT CLOUD, FL 34773 US

New Mailing Address:

6254 KEMPFFER RD
ST.CLOUD, FL 34773 US

FEI Number: 59-6151508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMPFFER, GEORGE
6499 SAPLING LN
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEMPFFER, GEORGE
Address: 6499 SAPLING LN
City-St-Zip: MELBOURNE, FL 32904

Title: VP () Delete
Name: BARTHLE, RANDY
Address: 26345 BAYHEAD RD
City-St-Zip: DADE CITY, FL 33523

Title: ST () Delete
Name: KEMPFFER, HENRY
Address: 1 BUMPY RD
City-St-Zip: JACKSON, MS 39204

Title: D () Delete
Name: REGISTER, KEITH
Address: POB 1542
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D () Delete
Name: NEWCOMB, CLAY
Address: 3349 CR 545A
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: PARTIN, DAVE
Address: 5601 N CANOE CK RD
City-St-Zip: KENANSVILLE, FL 34739

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE KEMPFFER

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date