

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790482

**Entity Name:** FLORIDA BRAHMAN ASSOCIATION, INC.

**Current Principal Place of Business:**

6001 CANOE CREEK RD.  
ST.CLOUD, FL 34772

**Current Mailing Address:**

P.O. BOX 560136  
ROCKLEDGE, FL 32956-0136

**FEI Number: 59-6151508**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOOTH, RICHARD S  
6001 CANOE CREEK RD.  
ST.CLOUD, FL 34772 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: RICHARD S. BOOTH**

**04/29/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OTHER, PAST PRESIDENT  
Name BARTHLE, LARRY  
Address 17231 BELLAMY BROS BLVD  
City-State-Zip: DADE CITY FL 33523

Title VP  
Name FORD, LARRY  
Address P.O. BOX 449  
City-State-Zip: GREENWOOD FL 32443

Title PRESIDENT  
Name BOOTH, RICHARD  
Address 6001 CANOE CREEK RD.  
City-State-Zip: ST. CLOUD FL 34772

Title SECRETARY, TREASURER  
Name TUCKER, G. ANDREW III  
Address P.O. BOX 560136  
City-State-Zip: ROCKLEDGE FL 32956

Title DIRECTOR  
Name CANDLER, DANNY  
Address 11000 NW 64TH TRAIL  
City-State-Zip: OKEECHOBEE FL 34972

Title DIRECTOR  
Name BARTHLE, CHRIS  
Address 17231 BELLAMY BROS RD  
City-State-Zip: DADE CITY FL 33523

*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: G. ANDREW TUCKER III**

**SEC/TREASURER**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date