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: STACEY L WHITE

Electronic Signature of Signing Officer/Director Detail

Title PRESIDENT

Name	DAVIS, JERRY	Name	SAVELL, JESSE D
Address	4680 MILDRED BASS ROAD	Address	3301 SW 23RD STREET
City-State-Zip:	ST. CLOUD FL 34772	City-State-Zip:	GAINESVILLE FL 32608
Title	VP	Title	TREASURER
Name	PUGH, TYLER	Name	WHITE, STACEY L
Address	P.O. BOX 1996	Address	2194 SW 32ND STREET
City-State-Zip:	OKEECHOBEE FL 34973-1996	City-State-Zip:	OKEECHOBEE FL 34974

Officer/Director Detail :

2194 SW 32ND STREET OKEECHOBEE, FL 34974 US	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sta	ate of Florida.
SIGNATURE: STACEY L WHITE	01

OKEECHOBEE. FL 34974 US

FEI Number: 59-6151508

Name and Address of Current Registered Agent:

WHITE, STACEY L 219

DOCUMENT# 790482

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FLORIDA BRAHMAN ASSOCIATION, INC.

Current Principal Place of Business:

2194 SW 32ND STREET OKEECHOBEE, FL 34974

Current Mailing Address:

2194 SW 32ND STREET

Electronic Signature of Registered Agent

SECRETARY

Title

Certificate of Status Desired: No

FILED Jan 10, 2023 Secretary of State 2032271210CC

> 01/10/2023 Date

01/10/2023 Date

TREASURE