

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 790482 (4)**

1. Corporation Name  
**FLORIDA BRAHMAN ASSOCIATION, INC.**



Principal Place of Business <b>FLORIDA CATTLEMEN'S ASSOCIATION BUILDING                  1818 N. BERMUDA AVENUE                  KISSIMMEE FL 34741</b>	Mailing Address <b>18818 DORMAN RD                  LITHIA FL 33547                  US</b>
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3. Date Incorporated or Qualified <b>12/28/1944</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-6151508</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country
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9. Name and Address of Current Registered Agent

**GERRY STACK, II  
 18818 DORMAN RD.  
 LITHIA FL 33547**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRY STACK, II	1.2 NAME	
STREET ADDRESS	18818 DORMAN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DANNY	2.2 NAME	VD Ed DILLARD
STREET ADDRESS	147 SW 19-C	2.3 STREET ADDRESS	15995 BELLAMY BROS. BLVD.
CITY-ST-ZIP	ARCHER FL	2.4 CITY-ST-ZIP	DADE City, FL. 33525
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STCK, MARGE	3.2 NAME	
STREET ADDRESS	18818 DORMAN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHACKELFORD, MARCUS	4.2 NAME	
STREET ADDRESS	P.O. BOX 935 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHLE, LARRY	5.2 NAME	
STREET ADDRESS	6099 BELLAMY BROS. BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, DEE	6.2 NAME	
STREET ADDRESS	400 JFK MEMORIAL BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)