## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N05000000548

RT FILED Jun 25, 2007 Secretary of State

Entity Name: DIXIE REINED COW HORSE ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	145TH AVENUE ON, FL 32668	ROAD US		12992 CR755 WEBSTER, FL 33597	7 US	
Current Mailing Address:				New Mailing Address:		
P. O. BOX MORRIST	.68 ON,, FL 32668	US		12992 CR755 WEBSTER, FL 33597	7 US	
FEI Number:	:	FEI Number Applied For ( )	FEI Nur	nber Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GALEANO, RALPH P 6335 NW 145TH AVENUE ROAD MORRISTON, FL 32668 US				RUTTER, DAVID S 12992 CR755 WEBSTER, FL 33597	7 US	
	named entity su e of Florida.	ubmits this statement for the p	ourpose o	of changing its registere	d office or registered agent, or both,	
SIGNATURE: DAVID RUTTER				06/25/2007		
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES ()[ BARRETT, TIM 3351 NE 127TH WILLISTON, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V-P () I BEOTE, JOHN 3901 SNELL RO BARTOW, FL 33			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SECY ()[ BOWEN, LISA	Delete		Title: Name:	( ) Change ( ) Addition	

Name: JASPER, KAREN Name:
Address: 37527 LEGGETT LANE Address:
City-St-Zip: LADY LAKE, FL 32159 US City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 KELSALL, BRAD
 Name:

 Address:
 P. O. BOX 667
 Address:

 City-St-Zip:
 FAIRFIELD, FL 32634 US
 City-St-Zip:

3268 RAMBLER AVENUE

ST. CLOUD, FL 34772 US

WEBSTER, FL 33597 US

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TREA

RUTTER, DAVID

12992 CR 755

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

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.

Address:

Title:

Name:

Title:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: DAVID RUTTER TRES 06/25/2007

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