# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:44

DOCUMENT # N36724 (5)

1. Corporation Name

DIXIE GULF ARABIAN HORSE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2233 COUNTRY RD 62 N<br>P O BOX 646<br>DEFUNIAK SPGS FL 32433 | 2233 COUNTRY RD 62 N<br>P O BOX 646<br>DEFUNIAK SPGS FL 32433 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 63-0110585 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 PO Box 2083 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 Pace, FL |
| 24 Zip / 25 Country | 29 Zip 32571 / 30 Country Santa Rosa |

9. Name and Address of Current Registered Agent

SEYMOUR, ANNE
P O BOX 646
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JANSSEN, LINDA | 1.2 NAME | | |
| STREET ADDRESS | 7024 PINE BLOSSOM RD | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MILTON FL | 1.4 CITY-ST-ZIP | | |
| TITLE | D | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PARSONS, CAMILLE T. | 2.2 NAME | | |
| STREET ADDRESS | RT 1 BOX 588 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FREEPORT FL | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BROWN, CONNIE | 3.2 NAME | Brown, Bonnie | |
| STREET ADDRESS | 6051 OLD BETHEL RD | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CRESTVIEW FL | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | KNIGHT, KARL P | 4.2 NAME | Kenneth Lee Grissett | |
| STREET ADDRESS | 1426 MOSLEY DR | 4.3 STREET ADDRESS | 5371 Hwy 90 west | |
| CITY-ST-ZIP | THOMASVILLE AL | 4.4 CITY-ST-ZIP | Pace, FL 32571 | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SEYMOUR, ANNE | 5.2 NAME | | |
| STREET ADDRESS | P.O. BOX 646 (N/A) | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | RAMBY, PHYLLIS | 6.2 NAME | Ramey, Phyllis | |
| STREET ADDRESS | RT 2 BOX 64A | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRANTLY AL | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: Kenneth L. Grissett Kenneth L. Grissett
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0028067