SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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-07/17/96--01011--049
***61.25

DOCUMENT # N36724

1. Corporation Name
DIXIE GULF ARABIAN HORSE ASSOC.

Principal Place of Business	Mailing Address
	3930 Bentwood LANE CANTONMENT, FL 32533

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 4-22-90	3a. Date of Last Report 3-2-95
Suite, Apt #, etc 22	Suite, Apt #, etc. 27	4. FEI Number	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

ANNE SEYMOUR
2233 County Rd 62N
POBOX 646
DE FUNIAK SPGS, FL 32433

10. Name and Address of New Registered Agent

81 Name: Linda Stephenson
82 Street Address (P.O. Box Number is Not Acceptable): 3930 Bentwood LANE
83
84 City: Cantonment **FL** 85 Zip Code: 32533

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: Linda Stephenson Linda Stephenson / Secretary DATE: 5/29/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Addition P STEVE FORBERG 5756 NWY 10ST DEFUNIAK SPGS, FL 32433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Addition VP KARL P. KNIGHT 1426 MOSLEY DR THOMASVILLE, AL 36784
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition T KEN GRISSETT 5377 NWY 90 PACE, FL 32571
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition S LINDA STEPHENSON 3930 Bentwood LANE CANTONMENT FL 32533
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition D ALABAMA PHYLISS RAMEY RT 2 BOX 64A BRANTLEY, AL 36009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MISSISSIPPI DIRECTOR ☒ DELETE VACANT	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition D FLORIDA CAMILLE PARSONS 116 JARRINA LANE FREE PORT, FL 32439

CR2E037 (3/96)

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)(k), 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: Linda Stephenson Linda Stephenson 6/17/96 904-494-1292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 7/16/96