

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N36724** (5)

1. Corporation Name

DIXIE GULF ARABIAN HORSE ASSOCIATION, INC.

Principal Place of Business

**3930 BENTWOOD LANE
CANTONMENT FL 32533**

Mailing Address

**3930 BENTWOOD LANE
CANTONMENT FL 32533-9785**3. Date Incorporated or Qualified
02/19/19903a. Date of Last Report
07/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
63-0110585Applied 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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPHENSON, LINDA
3930 BENTWOOD LANE
CANTONMENT FL 32533**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **FORBERG, STEVE**
STREET ADDRESS **5758 HWY 1087**
CITY - ST - ZIP **DEFUNIAK SPGS. FL 32433**TITLE **VP** ☒ DELETE
NAME **KNIGHTS, KARL P**
STREET ADDRESS **1426 MOSLEY DR**
CITY - ST - ZIP **THOMASVILLE AL 36784**TITLE **T** ☐ DELETE
NAME **GRISSETT, KEN**
STREET ADDRESS **5377 HWY 90**
CITY - ST - ZIP **PACE FL 32571**TITLE **S** ☐ DELETE
NAME **STEPHENSON, LINDA**
STREET ADDRESS **3930 BENTWOOD LANE**
CITY - ST - ZIP **CANTONMENT FL 32533**TITLE **D** ☐ DELETE
NAME **RAMEY, PHYLLIS**
STREET ADDRESS **RT 2 BOX 64A**
CITY - ST - ZIP **BRANTLEY AL**TITLE **D** ☐ DELETE
NAME **PARSONS, CAMILLE**
STREET ADDRESS **116 ZAARINA LANE**
CITY - ST - ZIP **FREEPORT FL 32439**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **MELISSA FORBERG**
1.3 STREET ADDRESS **5756 hwy 1087**
1.4 CITY - ST - ZIP **DEFUNIAK SPGS, FL 32433**2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **BEN SMITH**
2.3 STREET ADDRESS **6120 BARNES ROAD**
2.4 CITY - ST - ZIP **CRESTVIEW, FL 32536**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: **Linda C. Stephenson** *Linda C. Stephenson* 1/12/97 9044413916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073351

CR2E037 (9/96)