

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37176

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Entity Name:** DEEP SOUTH DRESSAGE AND COMBINED TRAINING ASSOCIATION, INC.

**Current Principal Place of Business:**

207 N MAGNOLIA AVE  
OCALA, FL 32670

**New Principal Place of Business:**

**Current Mailing Address:**

6800 S.W. 66TH ST.  
OCALA, FL 34476 US

**New Mailing Address:**

**FEI Number:** 32-7255164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PETTI, BARBARA M  
6800 S.W. 66TH ST.  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: PETTI, MARIO  
Address: 6800 S. W. 66TH STREET  
City-St-Zip: OCALA, FL

Title: SD  
Name: FAINE-GARDNER, RUTHANNE  
Address: 10671 N SR 53  
City-St-Zip: MADISON, FL 323409522

Title: PD  
Name: PETTI, BARBARA  
Address: 6800 SW 66TH ST  
City-St-Zip: OCALA, FL

I hereby 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 all other like empowered.

SIGNATURE: BARBARA PETTI

PRES

02/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date