

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41614

**FILED**  
**Jun 29, 2004**  
**Secretary of State****Entity Name:** FIVE FLAGS ARABIAN HORSE ASSOCIATION, INC.**Current Principal Place of Business:**C/O MICHELLE HENDRIX (TREASURER)  
5518 WOODRIDGE DR  
MILTON, FL 32570**New Principal Place of Business:**C/O AUTUM M MALLICK (TREASURER)  
7165 TEE DON COURT  
HOLT, FL 32564**Current Mailing Address:**C/O MICHELLE HENDRIX (TREASURER)  
5518 WOODRIDGE DR  
MILTON, FL 32570**New Mailing Address:**C/O AUTUM M MALLICK (TREASURER)  
7165 TEE DON COURT  
HOLT, FL 32564**FEI Number:** 59-3109887**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**POTTER, SHARON W  
3662 GARDENVIEW ROAD  
PACE, FL 32571 US**Name and Address of New Registered Agent:**MALLICK, AUTUM M  
7165 TEE DON COURT  
HOLT, FL 32564 US

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: AUTUM M MALLICK

06/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** ALLEN, WENDY  
**Address:** 6236 BILLOREE ROAD  
**City-St-Zip:** PACE, FL 32571**Title:** VP ( ) Delete  
**Name:** DOVE, CHARLENE  
**Address:** 9642 HICKORY SHORES BLVD  
**City-St-Zip:** GULF BREEZE, FL 32561**Title:** S ( ) Delete  
**Name:** CARSON, BEVERLY  
**Address:** 9855 HEATHER DRIVE  
**City-St-Zip:** CANTONMENT, FL 32533**Title:** T ( ) Delete  
**Name:** HENDRIX, MICHELLE  
**Address:** 5518 WOODRIDGE DR  
**City-St-Zip:** MILTON, FL 32570**Title:** D ( ) Delete  
**Name:** FOREMAN, BRENDA  
**Address:** 50 SUGAR BERRY RD.  
**City-St-Zip:** PENSACOLA, FL 32514**Title:** D ( ) Delete  
**Name:** MULLINS, MEDORA  
**Address:** 11557 SURRENTO ROAD  
**City-St-Zip:** PENSACOLA, FL 32507**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** MALLICK, AUTUM  
**Address:** 7165 TEE DON COURT  
**City-St-Zip:** HOLT, FL 32564**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: AUTUM M MALLICK

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06/29/2004

Electronic Signature of Signing Officer or Director

Date