

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90156 011 ****70.00

DOCUMENT # N41614 1. Entity Name FIVE FLAGS ARABIAN HORSE ASSOCIATION, INC.					
Principal Place of Business C/O AUTUM M MALLICK (TREASURER) 7165 TEE DON COURT HOLT, FL 32564			Mailing Address C/O AUTUM M MALLICK (TREASURER) 7165 TEE DON COURT HOLT, FL 32564		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3109887	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLICK, AUTUM M 7165 TEE DON COURT HOLT, FL 32564				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				Signature _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, WENDY 6236 BILLOREE ROAD PACE, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director WENDY ALLEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOVE, CHARLENE 9642 HICKORY SHORES BLVD GULF BREEZE, FL 32561	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director CHAR DOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARSON, BEVERLY 9855 HEATHER DRIVE CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Christina K. Schiro P.O. Box 369 Pensacola, FL 32591-0369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALLICK, AUTUM 7165 TEE DON COURT HOLT, FL 32564	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVE ANDREWS (DIPEM) 9855 Heather Dr Cantonment FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, BRENDA 50 SUGAR BERRY RD. PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Victoria Dennis 9805 South Loop Rd Pensacola FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, MEDORA 11557 SURRENTO ROAD PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE President Rebecca Bryson 7391 Pine Forest Rd Pensacola, FL 32526
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				Date 4-15-05 Daytime Phone # 850-698-4833	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					