

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90001 041 ****61.25

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
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40120910



2. Principal Place of Business - No P.O. Box # C/O Alice Harris	3. Mailing Address 2725 Sandicrest Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06122007 Chg-NP CR2E037 (12/06)

City & State Cantonment FL	City & State Cantonment FL
Zip 32533	Zip 32533
Country USA	Country USA

4. FEI Number 59-3109887	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 Alice Harris Street Address (P.O. Box Number is Not Acceptable) 2725 Sandicrest Dr City Cantonment FL Zip Code 32533
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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 <i>Alice Harris</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 6/12/07 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, WENDY 6236 BILLOREE ROAD PACE, FL 32571 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, CHRIS 2725 SANDICREST DR CANTONMENT, FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHIRO, CHRISTINA K P O BOX 369 PENSACOLA, FL 325910369 <input type="checkbox"/> Delete
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	D ANDREWS, STEVE 9855 HEATHER DRIVE CANTONMENT, FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNIS, VICTORIA 9805 SOUTH LOOP ROAD PENSACOLA, FL 32507 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Victoria Dennis 9805 South Loop Road Pensacola FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Alice Harris 2725 Sandicrest Dr. Cantonment FL 32533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chris Jones 2725 Sandicrest Dr. Cantonment FL 32533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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SIGNATURE: <i>Alice F. Harris</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 6/12/07 Daytime Phone: 850.595.4100 ext 248
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ATTACHMENT

Box 11 additional information
40120910
N41614

Title: D

Name: Charlotte Salzer

Street Address: 4215 Still Road

City-St. Zip: Davisville, FL 32535-2525.