FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44271** **(7)**

1. Corporation Name

NORTHWEST FLORIDA QUARTER HORSE ASSOCIATION, INC

Principal Place of Business	Mailing Address
3025 STATE CORRECTIONAL RD MARIANNA FL 32466 US	P O BOX 767 PANAMA CITY FL 32402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/17/1991**

3a. Date of Last Report: **04/20/1994**

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

KNOWLES, CARL B
3025 STATE CORRECTIONAL RD
MARIANNA FL 32466

10. **Name and Address of New Registered Agent**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	ALKER, RICHARD	1.2 NAME		
STREET ADDRESS	4709 HWY 231	1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	KNOWLES, CARL B	2.2 NAME		
STREET ADDRESS	3025 STATE CORRECTIONAL RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	CALDWELL, GALE	3.2 NAME		
STREET ADDRESS	6628 ENZOR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	MCQUAGGE, WILLIAM D	4.2 NAME		
STREET ADDRESS	403 HWY. 2297-BOX 767	4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP		
TITLE	DV	5.1 TITLE	PD	☑ Change ☐ Addition
NAME	GRIFFIN, STEVE	5.2 NAME		
STREET ADDRESS	3822 OAK RIDGE LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	RICH, DAVID	6.2 NAME		
STREET ADDRESS	207 SAN PABLO	6.3 STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA FL 32454	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William D. McQuagge 4/18/95 (904) 763-4121
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

COR0466