FILE NOW: FILING FEE IS $61.25

FILED
May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

NORTHWEST FLORIDA QUARTER HORSE ASSOCIATION, INC

Principal Place of Business	Mailing Address
6628 ENZOR PANAMA CITY FL 32404 US	P O BOX 767 PANAMA CITY FL 32402-0767 US

3. Date Incorporated or Qualified: 06/17/1991
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-3190517 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

MCQUAGGE, WILLIAM D
223 HWY 2297
P O BOX 767
PANAM CITY FL 32404

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 617.0502 and 617.1508, 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 617.0503, 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, BILL		1.2 NAME		
STREET ADDRESS	1404 TIMBERS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MANUEL, ALISA		2.2 NAME	FISCHER, DIANNA	
STREET ADDRESS	117 N 6TH ST		2.3 STREET ADDRESS	RT. 5, BOX 364	
CITY-ST-ZIP	CHIPLEY FL		2.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	SD	☐ DELETE	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCQUAGGE, WILLIAM D		4.2 NAME		
STREET ADDRESS	223 HYW 2247 BOX 767		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WISE, ALAINA T		5.2 NAME		
STREET ADDRESS	6521 LOIS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAM CITY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E037 (9/96)

14. I do 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 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 TREASURER 4/24/97 (904)763-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0009484