

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44271** (7)
1. Corporation Name
NORTHWEST FLORIDA QUARTER HORSE ASSOCIATION, INC



Principal Place of Business 6628 ENZOR PANAMA CITY FL 32404 US		Mailing Address P O BOX 767 PANAMA CITY FL 32402 US		3. Date Incorporated or Qualified 06/17/1991	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		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		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No					

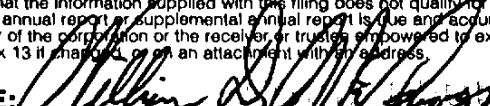
9. Name and Address of Current Registered Agent MCQUAGGE, WILLIAM D 223 HWY 2297 P O BOX 767 PANAMA CITY FL 32404		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	☒ Change ☐ Addition
NAME	FISCHER, DIANNA	2.2 NAME	VD
STREET ADDRESS	RT 5 BOX 364	2.3 STREET ADDRESS	KAEDING, GREG
CITY - ST - ZIP	CHIPLEY FL	2.4 CITY - ST - ZIP	5248 STEWART DRIVE
TITLE	SD ☐ DELETE	3.1 TITLE	
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 HWY 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, ALANA T	5.2 NAME	
STREET ADDRESS	6521 LOIS ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA 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	

14. 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 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:  **TREASURER** **4/24/98 (850) 763-4121**

CR2E037 (10/97)