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NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44271**

1. Corporation Name

**NORTHWEST FLORIDA QUARTER HORSE ASSOCIATION, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 6628 ENZOR<br>PANAMA CITY FL 32404<br>US | P O BOX 767<br>PANAMA CITY FL 32402<br>US |

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

3. Date Incorporated or Qualifed
06/17/1991

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

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

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

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 | PRESIDENT | ☑ Change ☐ Addition |
| NAME | MILLER, BILL | | 1.2 NAME | ALISA MANUEL | |
| STREET ADDRESS | 1404 TIMBERS DR | | 1.3 STREET ADDRESS | 2105 S. WAUKESHA ST, | |
| CITY-ST-ZIP | DOTHAN AL | | 1.4 CITY-ST-ZIP | BONIFAY, FL 32425 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | VD | ☑ Change ☐ Addition |
| NAME | KAEDING, GREG | | 2.2 NAME | MILLER, BILL | |
| STREET ADDRESS | 5248 STEWART DRIVE | | 2.3 STREET ADDRESS | 1404 TIMBERS DR, | |
| CITY-ST-ZIP | PANAMA CITY FL 32404 | | 2.4 CITY-ST-ZIP | DOTHAN, AL | |
| 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 (11/98)

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, with all other like empowered.

**SIGNATURE:** William D McQuaggie SIGNATURE REQUIRED SECRETARY/TREASURER 4/25/99 (850) 763-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #