

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State

05-03-2004 91047 004 ****61.25

DOCUMENT # N44271 1. Entity Name NORTHWEST FLORIDA QUARTER HORSE ASSOCIATION, INC.					
Principal Place of Business 9837 E HWY 20 YOUNGSTOWN FL 32466 US			Mailing Address 9837 E HWY 20 YOUNGSTOWN FL 32466 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-3190517		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent OWENS, ROBIN 9837 E HWY 20 YOUNGSTOWN FL 32466			7. Name and Address of New Registered Agent Name Edie Skiller Anne Barbero Street Address (P.O. Box Number is Not Acceptable) 432 Martinique Cove 3029 Camanade Dr City Niceville FL 32557		
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 <u>Anne Barbero</u> Anne Barbero, Treasurer DATE 06-07-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWENS, DENNIS 9837 E HWY 20 YOUNGSTOWN FL 32466	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Susan Rogers 3020 8 Mile Creek Rd. Pensacola, FL 32526	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAPHNE, DOWNARD 11630 N BEAR CREEK ROAD PENSACOLA FL 32404	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Judy Mack 9048 Hickory Hammock Rd Milton, FL 32583	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOULTON, SONNI 1920 BEECHWOOD DRIVE PANAMA CITY FL 32404	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Edie Skiller 3029 Camanade Dr. withdrawn Pensacola, FL 32506	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, ROBIN 9837 E HWY 20 YOUNGSTOWN FL 32466	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ann Barbero 432 Martinique Cove Niceville, FL 32557	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, BRENDA 10812 BERRYHILL RD PENSACOLA FL 32506	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donna Stacey 401 Gordon Ave Pensacola, FL 32507	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLWINE, BEVERLY 902 LAKEPOINT ROAD ALFORD FL 32420	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edith Elder 4960 Galliver Cut Off Bake, FL 32531	☐ Change ☒ Addition
12. 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 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.					
SIGNATURE: <u>Susan M Rogers</u> President DATE 4-15-04 750-944-1995 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					