2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90294 007 ****61.25

DOCUMENT # N44271

1. Entity Name
NORTHWEST FLORIDA QUARTER HORSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9837 E HWY 20 YOUNGSTOWN, FL 32466 US	9837 E HWY 20 YOUNGSTOWN, FL 32466 US

04152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
BARBERO, ANNE 432 MARTINIQUE COVE NICEVILLE, FL 32578	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Anne Barbero - Anne Barbero, Treasurer 04-19-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 ROGERS, SUSAN 8020 8 MILE CREEK RD PENSACOLA, FL 32526	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Mack, Judy 8048 Hickory Hammock Rd Milton, FL 32583	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MACK, JUDY 8048 HICKORY HAMMOCK RD MILTON, FL 32583	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Robin Dueus 9837 E Hwy 20 YOUNGSTOWN, FL 32466	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARBERO, ANNE 432 MARTINIQUE COVE NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STACEY, DONNA 401 GORDARD AVE PENSACOLA, FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELDER, EDITH 4960 GALLIVER CUTOFF BAKER, FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ 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: Anne Barbero, Anne Barbero, Treasurer 04-19-05 (850) 897-1527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #