2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90046 027 ****61.25

1. Entity Name NORTHWEST FLORIDA QUARTER HORSE ASSOCIATION, INC.						. 0.8 k. b.				
8048 HICKORY HAMMOCK		Mailing Address 8048 HICKORY HAMMOCK MILTON, FL 32583 US					OF BUILD BUILD BY	II KIRIK RIBIY BER	III a 1 d 2 (14)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182007	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State			4. FEI Numbe 59-3190			_ 	plied For at Applicable	
Zip	Country	Žip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
BARBERO, ANNE				Name FAIR CLOTH, JANICE						
432 MARTÍNIQUE COVE NICEVILLE, FL 32578				Street Address (P.O. Box Number is Not Acceptable) 5786 SEMINOLE DR						
,	-									
			City (RES	TYIEW		FL	Zip Cod	536 536	
the obligations of regist		the purpose of changing its A Janee	registered office of	or register		h, in the State of FI			and accept	
Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signa	ture required	when rainstating)		DATE		İ	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.							
					\$5.00 May Be Added to Fees		fake check rida Depart			
Due by N		Trust Fund C			Added to Fees		rida Depart	RECTORS IN	10	
10 P	OFFICERS AND DIRI	Trust Fund C	ontribution. 11. IITLE		Added to Fees	Flo	rida Depart	tment of Si	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David FOLDER JANICE FAIR CLOTH (T) 4/19/07 (850)682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date