

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N44271					
1. Entity Name NORTHWEST FLORIDA QUARTER HORSE ASSOCIATION, INC.					
Principal Place of Business 8048 HICKORY HAMMOCK MILTON, FL 32583 US			Mailing Address 8048 HICKORY HAMMOCK MILTON, FL 32583 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3190517	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBERO, ANNE 432 MARTINIQUE COVE NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name FAIRCLOTH, JANICE Street Address (P.O. Box Number is Not Acceptable) 5786 SEMINOLE DR City CRESTVIEW FL Zip Code 32536		
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>JANICE FAIRCLOTH</u> <i>Janice Faircloth</i> (TREASURER) 4/19/07 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, 2007		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 MACK, JUDY F8048 HICKORY HAMMOCK RD MILTON, FL 32583	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, VIVIAN 13947 SHERWOOD HIGHLAND FAIRHOPE, AL 36532	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARBERO, ANNE 432 MARTINIQUE COVE NICEVILLE, FL 32578	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAYNE, RICK 5800 KIRKLAND DR MILTON, FL 32570	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FAIRCLOTH, JANICE 5786 SEMINOLE DR CRESTVIEW, FL 32536	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition			
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: <i>Janice Faircloth</i> JANICE FAIRCLOTH (T) 4/19/07 (850) 682- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5341					

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