2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44271

FILED Mar 20, 2009 Secretary of State

Entity Name: NORTHWEST FLORIDA QUARTER HORSE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1988 COUNTY RD. 19 1124 FIRST AVENUE

SAMSON, AL 36477 US GRACEVILLE, FL 32440 US

Current Mailing Address: New Mailing Address:

1988 COUNTY RD. 19 1124 FIRST AVENUE

SAMSON, AL 36477 US GRACEVILLE, FL 32440 US

FEI Number: 59-3190517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FAIRCLOTH, JANICE FAIRCLOTH, JANICE 5796 SEMINOLE DR 5786 SEMINOLE DR

CRESTVIEW, FL 32536 US CRESTVIEW, FL 32536 US

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.

SIGNATURE: 03/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 HOWELL, KEITH
 Name:
 ARRINGTON, CHRISTIE

 Address:
 1988 COUNTY RD. 19
 Address:
 1124 FIRST AVENUE

 City-St-Zip:
 SAMSON, AL 36477 US
 City-St-Zip:
 GRACEVILLE, FL 32440 US

Title: SD () Delete Title: () Change () Addition

 Name:
 SMITH, VIVIAN
 Name:

 Address:
 13947 SHERWOOD HIGHLAND
 Address:

 City-St-Zip:
 FAIRHOPE, AL 36532
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 FAIRCLOTH, JANICE
 Name:

 Address:
 5786 SEMINOLE DR
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 REICHERT, ANGELIA
 Name:

 Address:
 973 TRAWICK RD
 Address:

 City-St-Zip:
 HOLT, FL 32564
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE FAIRCLOTH T 03/20/2009