SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:14

DOCUMENT # **N49356** (1)

1. Corporation Name
THE DIXIE HORSEMAN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HC 04 BOX 250 OLD TOWN FL 32680	HC 04 BOX 250 OLD TOWN FL 32680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 2207
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Cross City, FL
Zip 24 / Country 25	Zip 29 32628 / Country 30 U.S.

9. Name and Address of Current Registered Agent

JONES, GARY
HC04 BOX 250 COUNTY RD 353
OLD TOWN FL 32680

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☐ Change ☒ Addition
NAME	FRIERSON, DOYLE	12 NAME	MORGAN, TROY	
STREET ADDRESS	PO BOX 471 N/A	13 STREET ADDRESS	P.O. BOX 704N/A	
CITY-ST-ZIP	CROSS CITY FL 32628	14 CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	D	21 TITLE	V/D	☐ Change ☒ Addition
NAME	MALONE, WILLIAM E	22 NAME	LANGFORD, ALTON	
STREET ADDRESS	P O BOX 579 N/A	23 STREET ADDRESS	P.O. BOX 1050N/A	
CITY-ST-ZIP	CROSS CITY FL	24 CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	D	31 TITLE	D	☐ Change ☒ Addition
NAME	SANDERS, LEROY	32 NAME	SANCHEZ, GREG	
STREET ADDRESS	HC04 BOX 472 N/A	33 STREET ADDRESS	HC-04 Box 40	
CITY-ST-ZIP	OLD TOWN FL 32680	34 CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	HITON, MILTON	42 NAME	SAYERS, MELISSA	
STREET ADDRESS	PO BOX 1000 N/A	43 STREET ADDRESS	P.O. BOX 33N/A	
CITY-ST-ZIP	OLD TOWN FL	44 CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE	STD	51 TITLE	P	☒ Change ☐ Addition
NAME	JONES, GARY	52 NAME	JONES, GARY	
STREET ADDRESS	HC04 BOX 250 N/A	53 STREET ADDRESS	HC-04 Box 250	
CITY-ST-ZIP	OLD TOWN FL	54 CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	ELLISON, LYNN	62 NAME	WRIGHT, WAYNE	
STREET ADDRESS	RT 1 BOX 330 N/A	63 STREET ADDRESS	P.O. BOX 1403N/A	
CITY-ST-ZIP	BRANFORD FL 32008	64 CITY-ST-ZIP	CROSS CITY, FL 32628	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Karen K. Wright 6/9/95 904/542-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003307

N49356

13. Addition

7.1 TITLE	S/T/D
7.2 NAME	WRIGHT, KAREN K.
7.3 ADDRESS	P.O. BOX 1403N/A
7.4 CITY-ST-Zip	CROSS CITY, FL 32628