

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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 P O BOX 2207 CROSS CITY FL 32628 US

3. Date Incorporated or Qualified 06/11/1992 3a. Date of Last Report 06/13/1995

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

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
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Karen K. Wright
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 4456 Kate Green Rd.
 84 City Old Town FL 85 Zip Code 32680

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 *[Signature]* 7/8/96 DATE
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	MORGAN, TROY	
STREET ADDRESS	P O BOX 704 N/A	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	VD	DELETE <input checked="" type="checkbox"/>
NAME	LANGFORD, ALTON	
STREET ADDRESS	P O BOX 1050 N/A	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	SANCHEZ, GREG	
STREET ADDRESS	HC-04 BOX 40	
CITY-ST-ZIP	OLD TOWN FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	SAYERS, MELISSA	
STREET ADDRESS	P O BOX 33 N/A	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	P	DELETE <input type="checkbox"/>
NAME	JONES, GARY	
STREET ADDRESS	HC04 BOX 250 N/A	
CITY-ST-ZIP	OLD TOWN FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	WRIGHT, WAYNE	
STREET ADDRESS	P O BOX 1403 N/A	
CITY-ST-ZIP	CROSS CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T/D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	Karen K. Wright	
1.3 STREET ADDRESS	4456 Kate Green Rd.	
1.4 CITY-ST-ZIP	Old Town, FL 32680	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

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)(k), 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: *[Signature]* 7/8/96 DATE 352/542-7747 DAYTIME PHONE #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)