

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49356 (1)
1. Corporation Name
THE DIXIE HORSEMAN'S ASSOCIATION, INC.



Principal Place of Business HC 04 BOX 250 OLD TOWN FL 32680	Mailing Address P O BOX 2207 CROSS CITY FL 32628 US
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3. Date Incorporated or Qualified 06/11/1992	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent WRIGHT, KAREN K HC04 BOX 250 COUNTY RD 353 4456 KATE GREEN RD 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
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, TROY	1.2 NAME	
STREET ADDRESS	P O BOX 704 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	CROSS CITY FL	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, KAREN K	2.2 NAME	
STREET ADDRESS	4456 KATE GREEN RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	OLD TOWN FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, GREG	3.2 NAME	
STREET ADDRESS	HC-04 BOX 40	3.3 STREET ADDRESS	
CITY - ST - ZIP	OLD TOWN FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYERS, MELISSA	4.2 NAME	
STREET ADDRESS	P O BOX 33 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHIEFLND FL	4.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GARY	5.2 NAME	
STREET ADDRESS	HC04 BOX 250 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	OLD TOWN FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, WAYNE	6.2 NAME	
STREET ADDRESS	P O BOX 1403 N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	CROSS CITY FL	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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* **5/5/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # **0011643**

CR2E037 (10/97)