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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90169 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49356**

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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2. Principal Place of Business 21 <b>Box 2207</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/11/1992
22 City & State <b>Cross City, FL</b>	27 City & State	4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Not Applicable
23 Zip <b>32628</b>	28 Country <b>America</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country <b>America</b>	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 <b>SHIRLEY J. DAVIS</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>FWV 19</b>		
83 <b>CROSS</b>		
84 City <b>Cross City</b>	85 State <b>FL</b>	86 Zip Code <b>32628</b>

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 *Shirley J. Davis* **SHIRLEY J. DAVIS - TREASURER** DATE **2/27/99**

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

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MORGAN, TROY</b>	
STREET ADDRESS <b>P O BOX 704 N/A</b>	
CITY-ST-ZIP <b>CROSS CITY FL</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WRIGHT, KAREN K</b>	
STREET ADDRESS <b>4456 KATE GREEN RD</b>	
CITY-ST-ZIP <b>OLD TOWN FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SANCHEZ, GREG</b>	
STREET ADDRESS <b>HC-04 BOX 40</b>	
CITY-ST-ZIP <b>OLD TOWN FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SAYERS, MELISSA</b>	
STREET ADDRESS <b>P O BOX 33 N/A</b>	
CITY-ST-ZIP <b>CHIEFLND FL</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>JONES, GARY</b>	
STREET ADDRESS <b>HC04 BOX 250 N/A</b>	
CITY-ST-ZIP <b>OLD TOWN FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WRIGHT, WAYNE</b>	
STREET ADDRESS <b>P O BOX 1403 N/A</b>	
CITY-ST-ZIP <b>CROSS CITY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Keith O'Neal</b>	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP <b>Cross City, FL</b>	
2.1 TITLE <b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>SHIRLEY J. DAVIS</b>	
2.3 STREET ADDRESS <b>PO BOX 64</b>	
2.4 CITY-ST-ZIP <b>Cross City, FL 32628</b>	
3.1 TITLE <b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Athon Langford</b>	
3.3 STREET ADDRESS <b>PO BOX 1050</b>	
3.4 CITY-ST-ZIP <b>Cross City, FL 32628</b>	
4.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Neal McCall</b>	
4.3 STREET ADDRESS <b>PO BOX 256</b>	
4.4 CITY-ST-ZIP <b>Salem, FL 32356</b>	
5.1 TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Charles Allen</b>	
5.3 STREET ADDRESS <b>Box 755</b>	
5.4 CITY-ST-ZIP <b>Cross City, FL 32628</b>	
6.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>TROY JOHNSON</b>	
6.3 STREET ADDRESS <b>PO BOX 1895</b>	
6.4 CITY-ST-ZIP <b>Cross City, FL 32628</b>	

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, with all other like empowered.

SIGNATURE: *Shirley J. Davis* **REQUIRED** DATE: **2/27/99** DAYTIME PHONE #: **352-498-1333**

Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E037 (11/98)