


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90045 042 ****61.25

DOCUMENT # N49356		
1. Entity Name THE DIXIE HORSEMAN'S ASSOCIATION, INC.		

Principal Place of Business PO BOX 2207 CROSS CITY, FL 32628	Mailing Address P O BOX 2207 CROSS CITY, FL 32628 US
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40019759



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01252005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ROLLISON, PHYLLIS HWY 351 SOUTH HORSESHOE BEACH, FL 32648	

7. Name and Address of New Registered Agent	
Name <u>SHIRLEY J DAVIS</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>231 NE 106 ST</u>	
City <u>Cross City</u>	FL <u>32628</u>

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Shirley J. Davis</u>	DATE <u>1/25/05</u>

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, SHIRLEY PO BOX 50, HWY 351 A CROSS CITY, FL 32628 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROLLISON, PHYLLIS RT BOX 160, HWY 351 SOUTH HORSESHOE BEACH, FL 32648 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, CHERYL HC 3 BOX 402 OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGFORD, ALTON PO BOX 1050 CROSS CITY, FL 32628 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, DAWN HC 3 BOX 400 OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIKES, CYNTHIA PO BOX 1583 CROSS CITY, FL 32628 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT John L. Driggers, Jr. 119 NE 106 ST Cross City FL 32628 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lorie Hodge 119 NE 106 ST Cross City, FL 32628 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joe Douglas HWY 351 S Cross City, FL 32628 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board member Joseph Bee 1236 NE 326 AVE Cross City, FL 32628 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Shirley J. Davis</u>	DATE <u>1/25/05</u> (352) 356-0817