

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49356

FILED
May 12, 2008
Secretary of State

Entity Name: THE DIXIE HORSEMAN'S ASSOCIATION, INC.

Current Principal Place of Business:

AIRPORT RD
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

P O BOX 2207
CROSS CITY, FL 32628 US

New Mailing Address:

FEI Number: 14-1840345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, KAREN K
404NE 674TH ST.
OLD TOWN, FL 32680 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DAVIS, SHIRLEY
Address: PO BOX 50, HWY 351 A
City-St-Zip: CROSS CITY, FL 32628

Title: P () Delete
Name: DRIGGERS, JOHN L JR.
Address: 119 NE 105 ST
City-St-Zip: CROSS CITY, FL 32628

Title: S () Delete
Name: BOLIN, KAREN
Address: 119 NE 105 ST
City-St-Zip: CROSS CITY, FL 32628

Title: T () Delete
Name: WRIGHT, KAREN K
Address: 404 NE 674TH ST.
City-St-Zip: OLD TOWN, FL 32680

Title: BM () Delete
Name: GEE, JOSEPH
Address: 1236 NE 326 AVE
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: SIKES, CYNTHIA
Address: PO BOX 1583
City-St-Zip: CROSS CITY, FL 32628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DAVIS, TOMA SUE S
Address: 1423 NE 389 AVE
City-St-Zip: OLD TOW, FL 32680

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change () Addition
Name: PARADIS, HEIDI
Address: PO BOX 1703
City-St-Zip: CROSS CITY, FL 32628

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN K. WRIGHT

T

05/12/2008

Electronic Signature of Signing Officer or Director

Date