

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49356

FILED  
May 06, 2009  
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: DAVIS, TOMA SUE S  
Address: 1423 NE 389 AVE  
City-St-Zip: OLD TOWN, FL 32680

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

Title: BM ( ) Delete  
Name: PARADIS, HEIDI  
Address: PO BOX 1703  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: BM (X) Change ( ) Addition  
Name: CHEWNING, CINDY  
Address: PO BOX 381  
City-St-Zip: OLD TOWN, FL 32680

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

Electronic Signature of Signing Officer or Director

RA/T

05/06/2009

\_\_\_\_\_ Date