

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49356

FILED
Mar 25, 2010
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:

253 NE 241ST ST.
CROSS CITY, FL 32628

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 ()**

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

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

Title: S
Name: DAVIS, TOMA SUE S
Address: 1423 NE 389 AVE
City-St-Zip: OLD TOWN, FL 32680

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

Title: D
Name: CHEWNING, CINDY
Address: PO BOX 381
City-St-Zip: OLD TOWN, FL 32680

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN K. WRIGHT

T/RA

03/25/2010

Electronic Signature of Signing Officer or Director

Date