

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49356

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

253 NE 241ST ST.  
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 ( )**

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

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

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

TRA

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date