


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90135 002 \*\*\*\*61.25

**DOCUMENT # N49356**

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



Principal Place of Business      Mailing Address

**PO BOX 2207  
CROSS CITY FL 32628**      **P O BOX 2207  
CROSS CITY FL 32628  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **NOT APPLICABLE**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, SHIRLEY J  
HWY 19  
CROSS CITY FL 32628**

7. Name and Address of New Registered Agent

Name **Phyllis Rollison**  
Street Address (P.O. Box Number is Not Acceptable)  
**HWY 351 South**  
**Horseshoe Beach, FL 32648**  
City **Horseshoe Beach, FL**      Zip Code **32648**

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: *Phyllis Rollison*      **Phyllis Rollison**      February 26, 2003

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LANGFORD, ALTON PO BOX 50, HWY 351 A CROSS CITY FL 32628</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ALLEN, CHARLES HWY 19 CROSS CITY FL 32628</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DAVIS, SHIRLEY PO BOX 366, HWY 351-A CROSS CITY FL 32628</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TURNER, JOSEPH PO BOX 2064 CROSS CITY FL 32628</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCCALL, NEAL HWY 19 SALEM FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDM ROLLISON, GLEN RT 1 BOX 160 HORSESHOE BEACH FL 32648</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Shirley Davis P.O. Box 366 Hwy 351 A Cross City, FL 32628</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Phyllis Rollison Rt. Box 160 Hwy 351 South Horseshoe Beach, FL 32648</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Dawn Hodge HC 3 Box 400 Old Town, FL 32680</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Cynthia Sikes P.O. Box 1583 Cross City, FL 32628</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Joseph Turner HC 3 Box 402 Old Town, FL 32680</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Phyllis Rollison*      **Phyllis Rollison S/T**      February 26, 2003

(352) 498-1295



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)