


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90012 021 \*\*\*\*61.25

<b>DOCUMENT # N97000000338</b> 1. Entity Name <b>GADSDEN HORSEMEN'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>WILLIAM INMAN LIVESTOCK PAVILLION 2140 WEST JEFFERSON STREET QUINCY, FL 32351 US</b>			Mailing Address <b>1265 MCCALL BRIDGE ROAD QUINCY, FL 32351</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>34 Collins I Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Havana</b>		4. FEI Number <b>59-3444680</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		6. Name and Address of Current Registered Agent <b>KING, MELANIE TREA 1265 MCCALL BRIDGE ROAD QUINCY, FL 32351</b>	
Zip		Country		7. Name and Address of New Registered Agent Name <b>Gerrie Griner</b> Street Address (P.O. Box Number is Not Acceptable) <b>34 Collins I Road</b> City <b>Havana</b> FL Zip Code <b>32333</b>	
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 <b>Gerrie Griner, Trea</b> DATE <b>3-22-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRAMORE, DANNY 1497 OLD FEDERAL ROAD QUINCY, FL 32351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, CURTIS 126 OWEN ROAD QUINCY, FL 32351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, MELANIE 1265 MCCALL BRIDGE ROAD QUINCY, FL 32351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerrie Griner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>34 Collins I Road</b> <b>Havana FL 32333</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, CHERRYL 2650 FRANK SMITH RD QUINCY, FL 32352	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, TERRY 4095 MT PLEASENT RD QUINCY, FL 32351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judy Sineath <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1828 Wayside Farm Rd</b> <b>Havana FL 32333</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMAN, SUSAN 941 BILL MCGILL ROAD HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Faye Creel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>179 Deer Pass</b> <b>Havana FL 32333</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Gerrie Griner, Trea</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/22/07</b> Daytime Phone # <b>850-539-6292</b>		