# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 05, 2004 8:00 am**
**Secretary of State**
04-05-2004 90068 048 ****61.25

DOCUMENT # N97000001660

1. Entity Name

SOUTHERN DRAFT HORSE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4433 W LONELY CT<br>DUNNELLON FL 34433 | 1762 STONEY BATTERY RD<br>MARION VA 24354 |

MOORE CR2E037 (11/03)

| 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 59-3480538 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

CLELLAN, CARLYON R
75244 W LONEEY CT
DUNNELLON FL 34433

**7. Name and Address of New Registered Agent**

Name: CAROLYN R. MC CLELLAN

Street Address (P.O. Box Number is Not Acceptable): 4433 W LONELY CT.

City: DUNNELLON FL Zip Code: 34433

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: CAROLYN R. MC CLELLAN Treasurer MARCH 25, 2004

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**
**Due By May 1, 2004**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>POWELL, RAY<br>PO BOX 146<br>NEW CASTLE KY 40050 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>YODER, TERRY<br>5032 NW 40TH STREET<br>LAKE PANASOFFKEE FL 33538 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>YODER, GLENDORA<br>5032 NW 40TH STREET<br>LAKE PANASOFFKEE FL 33538 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CLELLAN, CAROLYN<br>1762 STONEY BATTERY RD<br>MARION VA 24354 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCCLELLAN, WILLIAM D<br>1762 STONEY BATTERY RD<br>MARION VA 24354 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NEVERS, MICHAEL<br>36600 MICRO RACETRACT RD<br>FRUITLAND PARK FL 34732 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** CAROLYN R. MC CLELLAN March 25, 2004 352-465-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #