
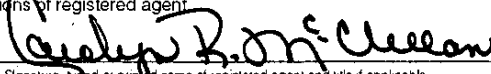


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90089 039 ****61.25

DOCUMENT # N97000001660					
1. Entity Name SOUTHERN DRAFT HORSE ASSOCIATION, INC.					
Principal Place of Business 4433 W LONELY CT DUNNELLON FL 34433			Mailing Address 1762 STONEY BATTERY RD MARION VA 24354		
2. Principal Place of Business 4433 W. LONELY COURT			3. Mailing Address 1762 STONEY BATTERY RD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DUNNELLON, FL			City & State MARION, VA		
Zip 34433	Country USA	Zip 24354	Country USA	4. FEI Number 59-3480538	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CLELLAN, CARLYON R 4433 W LONELY 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) City FL Zip Code	
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 				DATE 3-2-05	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP YODER, TERRY 5032 NW 40TH STREET LAKE PANASOFFKEE FL 33538 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT YODER, TERRY 5032 NW 40th STREET LAKE PANASOFFKEE, FL 33538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YODER, GLENDORA 5032 NW 40TH STREET LAKE PANASOFFKEE FL 33538 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCLELLAN, WILLIAM D. 4433 W. LONELY COURT DUNNELLON, FL 34433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLELLAN, CAROLYN 1762 STONEY BATTERY RD MARION VA 24354 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DURGIN, ARTHUR P.O. BOX 2321 BUSHNELL, FL 33513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLELLAN, WILLIAM D 1762 STONEY BATTERY RD MARION VA 24354 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HATFIELD, CHRIS 7597 STATE ROAD 505 SOUTH CROMWELL, KY 42333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVERS, MICHAEL 36600 MICRO RACETRACK RD FRUITLAND PARK FL 34732 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SMITH, DANNY 445 STAGE ROAD CUMMINGTON, MA 01026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

Date

352-427-4166

Daytime Phone #