2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001660

1. Entity Name
SOUTHERN DRAFT HORSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4433 W LONELY CT DUNNELLON, FL 34433	1762 STONEY BATTERY RD MARION, VA 24354

01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

MCCLELLAN, CAROLYN R
4433 W LONELY CT.
DUNNELLON, FL 34433

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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. McClellan, Treasurer 2-12-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YODER, TERRY
STREET ADDRESS	5032 NW 40TH STREET
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	S
NAME	YODER, GLENDORA
STREET ADDRESS	5032 NW 40TH STREET
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	D
NAME	SMITH, DANNY
STREET ADDRESS	445 STAGE RD
CITY-ST-ZIP	CUMMINGTON, MA 01026
TITLE	D
NAME	DURGIN, ARTHUR
STREET ADDRESS	P.O. BOX 2321
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	D
NAME	HATFIELD, CHRIS
STREET ADDRESS	7597 STATE ROAD 505 SOUTH
CITY-ST-ZIP	CROMWELL, KY 42333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/07-80020-016 61.25

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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: Carolyn R McClellan, Treasurer 2-12-07 276 783-5585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #