2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 05, 2008 08:00 AN DOCUMENT # N97000001660 1. Entity Name **Secretary of State** SOUTHERN DRAFT HORSE ASSOCIATION, INC. Principal Place of Business Mailing Address 4433 W LONELY CT 1762 STONEY BATTERY RD **DUNNELLON FL 34433** MARION VA 24354 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, erc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3480538 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCLELLAN, CAROLYN R Street Address (P.O. Box Number is Not Acceptable) 4433 W LONELY CT. **DUNNELLON FL 34433** City 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or critted name of legistered agent and title if approache. (NOTE: Registered Agent signabule leg ured when religional) CATE SECTION PROPERTY SECTION FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delate TITLE Change ☐ Addition YODER, TERRY NAME U00000816278 5032 NW 40TH STREET STREET ADDRESS STREET ADDRESS 02/14/08-80042-021 61.25 LAKE PANASOFFKEE FL 33538 CITY ST-ZIP CITY~ST Z!P Delote TITLE Change ☐ Addition YODER, GLENDORA NAME 5032 NW 40TH STREET STREET ADDRESS STREET ADDRESS LAKE PANASOFFKEE FL 33538 CITY- ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME SMITH, DANNY NAME 445 STAGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CUMMINGTON MA 01026** CITY-ST-ZIP THLE ☐ Delete TITLE Change Addition DURGIN, ARTHUR NAME NAME STREET ADDRESS P.O. BOX 2321 STREET ADDRESS BUSHNELL FL 33513 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete THE Change ☐ Addition HATFIELD, CHRIS NAME 7597 STATE ROAD 505 SOUTH STREET ADDRESS STREET ADDRESS CROMWELL KY 42333 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TiTLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under outh; 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

Clellar 2.4.08 SIGNATURE

if changed, or on an attachment with an address, with all other like empowered.