2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N97000001660

Entity Name: SOUTHERN DRAFT HORSE ASSOCIATION, INC.

Current Principal Place of Business:

4433 W LONELY CT
DUNNELLON, FL 34433

New Principal Place of Business:

Current Mailing Address:

1762 STONEY BATTERY RD
MARION, VA 24354

New Mailing Address:

FEI Number: 59-3480538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	YODER, TERRY	
Address:	5032 NW 40TH STREET	
City-St-Zip:	LAKE PANASOFFKEE, FL 33538	
Title:	S	( ) Delete
Name:	YODER, GLENDORA	
Address:	5032 NW 40TH STREET	
City-St-Zip:	LAKE PANASOFFKEE, FL 33538	
Title:	D	( ) Delete
Name:	SMITH, DANNY	
Address:	445 STAGE RD	
City-St-Zip:	CUMMINGTON, MA 01026	
Title:	D	( ) Delete
Name:	DURGIN, ARTHUR	
Address:	P.O. BOX 2321	
City-St-Zip:	BUSHNELL, FL 33513	
Title:	D	( ) Delete
Name:	HATFIELD, CHRIS	
Address:	7597 STATE ROAD 505 SOUTH	
City-St-Zip:	CROMWELL, KY 42333	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V-P	( ) Change (X) Addition
Name:	MCCLELLAN, WILLIAM D	
Address:	4433 W. LONELY COURT	
City-St-Zip:	DUNNELLON, FL 34433	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. MCCLELLAN D 02/27/2009

Electronic Signature of Signing Officer or Director — Date