


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # N97000004281	
1. Entity Name RED HILLS HORSE TRIALS, INC.	

Principal Place of Business 831 LAKE RIDGE DRIVE TALLAHASSEE, FL 32312	Mailing Address 831 LAKE RIDGE DRIVE TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box # 4000 N MERIDIAN RD	3. Mailing Address PO Box 14869
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32312	Country USA
Zip 32317	Country USA

FILED
07 FEB -8 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent AUSLEY, SALLIE M 3212 THOMASVILLE ROAD TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name LINDSEY PHIPPS Street Address (P.O. Box Number is Not Acceptable) 4000 N MERIDIAN RD City TALLAHASSEE FL Zip Code 32312
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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.

600088896556
02/21/07--01026--002 **70.00

SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSLEY, SALLIE M 3212 THOMASVILLE ROAD TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLIN PHIPPS 4000 N MERIDIAN RD TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRON, JANE ROUTE 3, BOX 118 MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARVIN MAYER 4000 N MERIDIAN RD TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OCHS, SYLVIA C 831 LAKE RIDGE DRIVE TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TERRIE BROOKS 4000 N MERIDIAN RD TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATKINS, CAROL 1020 E PEARL ST MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, GAYLE 3119 BROCKTON WAY TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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: Lindsey Phipps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #