2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N99000007468



Jan 23, 2004 8:00 am Secretary of State 01-23-2004 90024 040 ****61.25

FILED

SECOND CAVALRY ASSOCIATION, INC.										
Principal Place of Business 631 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114-4931 Mailing Address 631 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 321				931	T ADDUKAK BITE ISUK			KI QIBAR BILBI LBI	4181 B4 1484	
2. Principal Place of Business 3. M		3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01142004 C	hg-NP	CR2E03	37 (10/03)		
City & State		City & State	City & State)4 - ~-	<u>.</u> =	<u> </u>	plied For t Applicable	
Zip~	Country	Zip	Cou	untry	5. Certificate of St	atus Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered /	Agent		
DOWELL	MERRITT H			Name					V	
631 S. RID	OGEWOOD AVE. 8 BEACH, FL 32114-4931		-		Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registere	ed office or regist	tered agent, or both, in	the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE .										
	Signature, typed or printed harne or registered agent :	and title if applicable. (NOTE	: Registere	a Agent signature requir	red when reinstating)		DATE			
	Filling Fee is \$61.25 Due by May 1, 2004	9. Election Car Trust Fund C	npaign F	Financing	\$5.00 May Be Added to Fees		lake checi	c payable to		
10.	Filing Fee is \$61.25	9. Election Car Trust Fund C	npaign F	Financing	\$5.00 May Be	Flor	lake checl Ida Depar	tment of St	ate	
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r nereby certify that the information supplied with this filling 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:

CLYDE T. WILSON

15 JAN 2004

(502) 624-8770

Daytime Phone #