


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90024 040 ****61.25

DOCUMENT # N99000007468					
1. Entity Name 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 32114-4931		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0243394	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POWELL, MERRITT H 631 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114-4931				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDER, DON L		NAME		
STREET ADDRESS	117 W CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	SALADO, TX 76571		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLINO, THOMAS M		NAME		
STREET ADDRESS	5321 POPLAR VALLEY CT		STREET ADDRESS		
CITY-ST-ZIP	CENTREVILLE, VA 20120		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDNER, WILLIAM J		NAME		
STREET ADDRESS	281 BALL PARK RD		STREET ADDRESS		
CITY-ST-ZIP	ANACOCO, LA 71459		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, LONNIE M		NAME	ROBINETTE, STEPHEN	
STREET ADDRESS	2006 GOLVIEW DR S.		STREET ADDRESS	3211 S. VALLEYVIEW	
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP	SPRINGFIELD, MO 65804	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CLYDE T		NAME	WILSON, CLYDE	
STREET ADDRESS	87 OVERALL PHILLIPS RD.		STREET ADDRESS	87 OVERALLPHILLIPS RD.	
CITY-ST-ZIP	ELIZABETHTOWN, KY 42701		CITY-ST-ZIP	ELIZABETHTOWN, KY 42701	
TITLE	SPTB	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SORTINO, SAMUEL V JR		NAME	BACK, GLEN	
STREET ADDRESS	502 CIRCLEWOOD DR.		STREET ADDRESS	202F DR S	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	CLIMAX, MI 49034	
12. I hereby certify that the information supplied with this filing 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: <i>Clyde T. Wilson</i>		CLYDE T. WILSON		15 JAN 2004 (502) 624-8770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	