
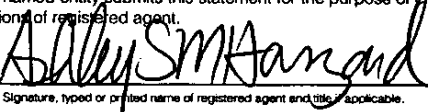
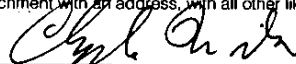


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90174 047 ****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		
Zip	Country	Zip	Country	4. FEI Number 51-0243394	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Haszard, Ashley, SM		
			Street Address (P.O. Box Number is Not Acceptable) 574 Whippoorwill Ln		
			City Oviedo		
			FL Zip Code 32765		
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 		Ashley Haszard		3 Apr 05	
Filing Fee is \$61.25 Due by May 1, 2005		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 HOLDER, DON L <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 MOLINO, THOMAS M <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 HEIDNER, WILLIAM J <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 ROBINETTE, STEPHEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINETTE, STEPHEN	NAME			
STREET ADDRESS	3211 S. VALLEYVIEW	STREET ADDRESS			
CITY-ST-ZIP	SPRINGFIELD, MO 65804	CITY-ST-ZIP			
TITLE	TS WILSON, CLYDE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, CLYDE	NAME			
STREET ADDRESS	87 OVERALL PHILLIPS RD.	STREET ADDRESS			
CITY-ST-ZIP	ELIZABETHTOWN, KY 42701	CITY-ST-ZIP			
TITLE	D BACK, GLEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BACK, GLEN	NAME			
STREET ADDRESS	202F DR S	STREET ADDRESS			
CITY-ST-ZIP	CLIMAX, MI 49034	CITY-ST-ZIP			
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: 		Clyde Wilson		28 Feb 05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

00035654



02232005 Chg-NP CR2E037 (10/03)