


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90038 013 ****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. 87 OVERALL PHILLIPS RD		Suite, Apt. #, etc. 87 OVERALL PHILLIPS RD	
City & State ELIZABETHTOWN KY		City & State ELIZABETHTOWN KY	
Zip 42701		Country	
Country		Country	
4. FEI Number 51-0243394		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASZARD, ASHLEY SM 574 WHIPPOORWILL LN OVIEDO, FL 32765		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDNER, WILLIAM J	NAME	HEIDNER, WILLIAM J.
STREET ADDRESS	281 BALL PARK RD	STREET ADDRESS	7605 E OLIVE ANN LANE
CITY-ST-ZIP	ANACOCO, LA 71459	CITY-ST-ZIP	YUMA, AZ 85365
TITLE	D <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 <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 <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 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: <i>Clyde T. Wilson</i> CLYDE T. WILSON		Date: 5 FEB 06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 502-624-8770	