

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # N99000007468
 1. Entity Name
SECOND CAVALRY ASSOCIATION, INC.



Principal Place of Business Mailing Address
87 OVERALL PHILLIPS RD. **87 OVERALL PHILLIPS RD**
ELIZABETHTOWN, KY 42701 **ELIZABETHTOWN, KY 42701**

DO NOT WRITE IN THIS SPACE



01262007 No Chg-NP CR2E037 (4/06)

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

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HOLDER, DON L 117 W CREEK DR SALADO, TX 76571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOLINO, THOMAS M 5321 POPLAR VALLEY CT CENTREVILLE, VA 20120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIDNER, WILLIAM J 7605 E OLIVE ANN LN YUMA, AZ 85365
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINETTE, STEPHEN 3211 S. VALLEYVIEW SPRINGFIELD, MO 65804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WILSON, CLYDE 87 OVERALL PHILLIPS RD. ELIZABETHTOWN, KY 42701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACK, GLEN 202F DR S CLIMAX, MI 49034

U00000630380
 02/20/07-80004-002 61.25

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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: *Clyde T. Wilson* **CLYDE T. WILSON** **6 FEB 07** **(502) 624-8770**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #