

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007468

FILED
Apr 28, 2009
Secretary of State

Entity Name: SECOND CAVALRY ASSOCIATION, INC.

Current Principal Place of Business:

1626 COMANCHE RD
ARNOLD, MD 21012

New Principal Place of Business:

Current Mailing Address:

1626 COMANCHE RD
ARNOLD, MD 21012

New Mailing Address:

FEI Number: 51-0243394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASZARD, ASHLEY SM
574 WHIPPOORWILL LN
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: MOLINO, THOMAS M
Address: 5321 POPLAR VALLEY CT
City-St-Zip: CENTREVILLE, VA 20120

Title: DSVP () Delete
Name: BLEWLEY, WILLIAM
Address: 3115 WINDSONG DR
City-St-Zip: OAKTON, VA 22142

Title: D () Delete
Name: HEIDNER, WILLIAM J
Address: 7605 E OLIVE ANN LN
City-St-Zip: YUMA, AZ 85365

Title: DT () Delete
Name: HURD, FRANK K
Address: 1626 COMANCHE RD
City-St-Zip: ARNOLD, MD 21012

Title: D () Delete
Name: JONES, ROGER
Address: 628 BROOKHAVEN WAY
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: MIXON, ROBERT W
Address: 6101 WETZEL AVE
City-St-Zip: FORT CARSON, CO 80913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK K HURD

DT

04/28/2009

Electronic Signature of Signing Officer or Director

Date