

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007468

FILED
Jan 05, 2012
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
Name: MOLINO, THOMAS M
Address: 5321 POPLAR VALLEY CT
City-St-Zip: CENTREVILLE, VA 20120

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM BEWLEY

CEO

01/05/2012

Electronic Signature of Signing Officer or Director

Date