

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90071 002 \*\*\*\*61.25

0001200

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0243394**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$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  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC HOLDER, DON L 117 W CREEK DR SALADO TX 76571</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MOLINO, THOMAS M 5321 POPLAR VALLEY CT CENTREVILLE VA 20120</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEIDNER, WILLIAM J 281 BALL PARK RD ANACOCO LA 71459</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIDSON, LONNIE M 2006 GOLFVIEW DR S. PLANT CITY FL 33566</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CASTAGNA, PAUL 5112 W 85TH LA CROWN POINT IN 46307</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T WILSON, CLYDE T. 87 OVERALL PHILLIPS RD ELIZABETH TOWN, KY 42701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SPTB POWELL, MERRITT H 631 S. RIDGEWOOD AV DAYTONA BEACH FL 32114-4931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SAMUEL V. SORTINO, JR. 502 CIRCLEWOOD DR VENICE, FL 34293</b>

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: *Clayde T. Wilson* **CLAYDE T. WILSON** 7 MAR 03 502-624-8770

CR2E037 (10/02)