2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700001660

Entity Name: SOUTHERN DRAFT HORSE ASSOCIATION, INC.

FILED
Jan 31, 2019
Secretary of State
4070832182CC

Date

Current Principal Place of Business:

1969 CR 228

WILDWOOD, FL 34785

Current Mailing Address:

1969 CR 228

WILDWOOD, FL 34785

FEI Number: 59-3480538 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YODER, MINETTA A 2025 E CR 462 WILDWOOD, FL 34785 US

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: MINETTA YODER 01/31/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

Title P Title S

Name YODER, TERRY Name YODER, GLENDORA
Address 5067 N CR 470 Address 5067 N CR 470

City-State-Zip: LAKE PANASOFFKEE FL 33538 City-State-Zip: LAKE PANASOFFKEE FL 33538

Title D Title D

Name SMITH, DANNY Name HATFIELD, CHRIS

Address 445 STAGE RD Address 7597 STATE ROAD 505 SOUTH

City-State-Zip: CUMMINGTON MA 01026 City-State-Zip: CROMWELL KY 42333

Title V-P Title TREASURER

Name MCCLELLAN, WILLIAM D Name YODER, MINETTA ANN MARIE

Address 4433 W. LONELY COURT Address 2025 E COUNTY RD 462

City-State-Zip: DUNNELLON FL 34433 City-State-Zip: WILDWOOD FL 34785

Title D Title DIRECTOR

Name GROVER, JIM

Address 1103 TRUMBULL HWY

Address 1919 OAKWOOD RD

Address 1102 TRUMBULL HWY Address 1919 OAKWOOD RD

City-State-Zip: LEBANON CT 06249 City-State-Zip: BRILLION WI 54110

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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: MINETTA YODER TREASURER 01/31/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name BROWN, KEITH

Address 325 FREEMAN FALLS RD

City-State-Zip: ACME PA 15610