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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

APR 27 1995 8:48

DOCUMENT # 705535 (3)

1. Corporation Name:
NORTH BREVARD HORSEMAN'S CLUB, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **4255 GOLDEN SHORES BLVD. MIMS FL 32754 US**
Mailing Address: **P.O. BOX 594 MIMS FL 32754 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1963** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **NOT APPLICABLE** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21 Suite, Apt #, etc: 26 Suite, Apt #, etc
22 City & State: 27 City & State
23 Zip: 25 Country: 29 Zip: 30 Country

9. Name and Address of Current Registered Agent
**SWANN, ROBERT
4345 APRIL LANE
MIMS FL 32754**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: PD	NAME: PUCKETT, FRANK J	11 TITLE: PD	NAME: PRESIDENT
STREET ADDRESS: 5155 BLOUNTS RIDGE RD.	CITY, ST, ZIP: MIMS FL	12 NAME: MARK B. JOHNS	13 STREET ADDRESS: 4038 FAIRFAX DR.
11 TITLE: VD	NAME: SWANN, ROBERT	14 CITY, ST, ZIP: MIMS, FL. 32754	21 TITLE: _____
STREET ADDRESS: 4345 APRIL LANE	CITY, ST, ZIP: MIMS FL	22 NAME: _____	23 STREET ADDRESS: _____
11 TITLE: TD	NAME: PETTESEN, PENNY	24 CITY, ST, ZIP: _____	31 TITLE: T
STREET ADDRESS: 4055 CUSHMAN DR	CITY, ST, ZIP: MIMS FL	32 NAME: TREASURER	33 STREET ADDRESS: Pebbie Denman
11 TITLE: S	NAME: LANGE, MARDI	34 CITY, ST, ZIP: Mims, FL. 32754	41 TITLE: S
STREET ADDRESS: 370 WOODRIDGE DR.	CITY, ST, ZIP: GENEVA FL	42 NAME: SECRETARY	43 STREET ADDRESS: Lynda Briggs
11 TITLE: D	NAME: MCCALL, BILL	44 CITY, ST, ZIP: Titusville, Fl. 32796	51 TITLE: _____
STREET ADDRESS: 4895 LION LN.	CITY, ST, ZIP: MIMS FL	52 NAME: _____	53 STREET ADDRESS: _____
11 TITLE: D	NAME: BROWN, MARLENE	54 CITY, ST, ZIP: _____	61 TITLE: D
STREET ADDRESS: 3775 KLOSS ST	CITY, ST, ZIP: MIMS FL	62 NAME: DIRECTOR	63 STREET ADDRESS: Darlene Hawk
		64 CITY, ST, ZIP: Mims, Fl. 32754	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark B. Johns* Mark B. Johns 4-27-95 407-383-1911

70553.5

Block 13 CONTINUED

DIRECTOR

WINNIE WOODS

237 KNOX McRAE DR.

Titusville, Fl. 32780

DIRECTOR

FRANCES Threlkeld

~~3600 Pennsylvania Ave.~~

Mims, Fl. 32754