

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 705535 (3)
1. Corporation Name
NORTH BREVARD HORSEMAN'S CLUB, INC.



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

3. Date Incorporated or Qualified: **04/29/1963**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **NOT APPLICABLE**
Applied For: Not Applicable
5. Certificate of Status Desired: **XXX** **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: **ROBERT SWANN**
82 Street Address (P.O. Box Number is Not Acceptable): **4345 APRIL LANE**
83 Identification Number: **100001872491**
84 City: **MIMS, FL** 85 Zip Code: **32754**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: JOHN'S, MARK B.	1.1 TITLE: PD	1.2 NAME: ROBERT SWANN
STREET ADDRESS: 4038 FAIRFAX DR.	CITY-ST-ZIP: MIMS FL	13 STREET ADDRESS: 4345 APRIL LANE	14 CITY-ST-ZIP: MIMS, FL 32754
TITLE: VD	NAME: SWANN, ROBERT	2.1 TITLE: VD	2.2 NAME: JOANNE HOMER
STREET ADDRESS: 4345 APRIL LANE	CITY-ST-ZIP: MIMS FL	2.3 STREET ADDRESS: 3600 CARTER RD	2.4 CITY-ST-ZIP: MIMS, FL 32754
TITLE: T	NAME: DENMAN, DEBBIE	3.1 TITLE: T	3.2 NAME: JEANNE MORTON
STREET ADDRESS: 4185 AURANTIA RD.	CITY-ST-ZIP: MIMS FL	3.3 STREET ADDRESS: 2904 TEMPLE LN	3.4 CITY-ST-ZIP: MIMS, FL 32754
TITLE: S	NAME: BRIGGS, LYNDA	4.1 TITLE: S	4.2 NAME: PAULA TAYLOR
STREET ADDRESS: 420 N. CARPENTER RD.	CITY-ST-ZIP: TITUSVILLE FL	4.3 STREET ADDRESS: 4345 U.S. #1	4.4 CITY-ST-ZIP: MIMS, FL 32754
TITLE: D	NAME: MCCALL, BILL	5.1 TITLE: D	5.2 NAME: MCCALL, BILL
STREET ADDRESS: 4895 LION LN.	CITY-ST-ZIP: MIMS FL	5.3 STREET ADDRESS: 4895 LION LANE	5.4 CITY-ST-ZIP: MIMS, FL
TITLE: (blank)	NAME: (blank)	6.1 TITLE: (blank)	6.2 NAME: (blank)
STREET ADDRESS: (blank)	CITY-ST-ZIP: (blank)	6.3 STREET ADDRESS: (blank)	6.4 CITY-ST-ZIP: (blank)

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STREET ADDRESS: (blank)	CITY-ST-ZIP: (blank)	6.3 STREET ADDRESS: (blank)	6.4 CITY-ST-ZIP: (blank)

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)(k), 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: *Robert Swann* Date: **5-29-96** Daytime Phone #: **407-861-5472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)