FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

705535

(3)

NORTH BREVARD HORSEMAN'S CLUB, INC.

-									
Principal Place of Business			Mailing Ad	idress			I TOORTA ROOM TOARF DRADE BIAND TIAN	I BORF RUBEN WORDS BLOSS REAR WITH BODDS FROM	
4255 GOLDEN SHORES BLVD. MIMS FL 32754 US				P.O. BOX 594 MIMS FL 32754-0594 US					
							3. Date Incorporated or Qualified 04/29/1963	3a. Date of Last Report 06/22/1996	
2. Princip 21	Principal Place of Business			2a. Mailing Address 26			4. FEI Number APPLICABLE	Applied For Not Applicable	e
Suite, Apt #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	Ť
22				27				Fee Required	╛
23 City &	& State		28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	2	Country 25		3	Country 0		This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No	
,=3.1			29 rrent Registered A		-		10. Name and Address of New Re		
				•	81	Name			
SW	ann, robert				82	Street Addi	ress (P.O. Box Number is Not Accepta	ble)	ᅱ
4345 APRIL LANE							· ·		
MIM	S FL 32754				83	٠			
					84	City		FL 85 Zip Code	_
11. Pursi	uant to the provisio	ns of Sections 617.	0502 and 617.1508	, Florida Statutes	, the above	-named corp	poration submits this statement for the	purpose of changing its registered	a
office agen	e or registered age it. I am familiar with	nt, or both, in the S i, and accept the o	tate of Florida. Suct bligations of, Sectio	n change was au n 617.0503, Flori	thorized by da Statute:	the corporat 3.	tion's board of directors. I hereby acce	pt the appointment as registered	
SIGNATU	IRE	·	_						
Oldivite.	Signature, typed or		d agent and title if applicat	le (NOTE	Registered Age	ent signature requi	red when reinstating)	DATE	_
12.		OFFICERS	AND DIRECTORS	T-1 = 2. = 2.	13.		ADDITIONS/CHANGES TO OFFI		_
TITLE	PD	DODEDT		DELETE	1.5 TITLE			L Change L Addition	n
NAME	SWANN,				1.2 NAME				1
STREET ADDI					1.3 STREET	ADDRESS			
CITY-ST-ZIF		32/54		D priese	1.4 CITY-5	T-ZIP			_
TITLE	VD VONED	IOANNE		☐ DELETE	2.1 TITLE			Change Maddition	ח
NAME	HOMER, RESS 3600 CAI				2.2 NAME				
STREET ADD	18014C EI				2.3 STREET	i			
CHY-ST-ZIF	MIMO FL	32134		DELETE	2. 4 CITY-	ST-ZIP		☐ Change ☐ Addition	
TITLE	MODTON	IEANNE		T bereit	3.1 TITLE			☐ Change ☐ Addition	11
NAME	0004 751	, JEANNE ADIE IN			3.2 NAME	IDDDCCC			ļ
STREET ADD	AND C EL				3.3 STREET				
CITY-ST-ZIF	S	OLIVY	 	DELETE	3.4. CITY - 4.1 TITLE	51-ZIP		Change Addition	וח
NAME	TAYLOR,	PAULA			4. 2 NAME			C Orange C France	"
STREET ADDI	4645 11 6				4.3 STREET	ADDRESS			ļ
CHTY-ST-ZIF	SAILEC EL				4.4 CITY - 9				ļ
TITLE	D			DELETE	5.1 TITLE	11-211		☐ Change ☐ Additio	'n
NAME	MCCALL,	BILL			5.2 NAME				-
STREET ADD	4005 110				5.3 STREET	ADDRESS			
CITY-ST-ZIF	ARMAC EL	•			5.4 CITY - S				
TITLE				DELETE	6.1 TITLE			Change Addition	'n
NAME					6.2 NAME			· · · · · · · · · · · · · · · · · · ·	
STREET ADD	RESS				6.3 STREET	ADDRESS			
CITY-ST-ZIF					6.4 CITY - S				

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature still 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: A CHAR

FILED

Feb 07 1997 8:00am

Secretary of State