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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 705535

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/29/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWANN, ROBERT 4345 APRIL LANE MIMS FL 32754				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWANN, ROBERT		1.2 NAME		
STREET ADDRESS	4345 APRIL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIMS FL 32754		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENS, THOMAS		2.2 NAME		
STREET ADDRESS	2910 LIONEL RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIMS FL 32754		2.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORTON, JEANNE		3.2 NAME	Uddo, Terri	
STREET ADDRESS	2904 TEMPLE LN		3.3 STREET ADDRESS	2400 SWEETWATER COURT	
CITY-ST-ZIP	MIMS FL 32754		3.4 CITY-ST-ZIP	MIMS FL 32754	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISDOM, PAT		4.2 NAME		
STREET ADDRESS	1700 OLD MIMS RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GENEVA FL 32732		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCALL, BILL		5.2 NAME	KING, RONNIE	
STREET ADDRESS	4895 LION LN.		5.3 STREET ADDRESS	250 U.S. 1 SOUTH	
CITY-ST-ZIP	MIMS FL		5.4 CITY-ST-ZIP	GAK HILL FL 32759	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: _____ DATE: 3/8/99 DAYTIME PHONE #: 407-268-4039

CR2E037 (11/98)