2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am Secretary of State **DOCUMENT # 705535** 1. Entity Name 05-03-2004 90706 005 ****61.75 NORTH BREVARD HORSEMAN'S CLUB. INC. Principal Place of Business Mailing Address 44043396 4255 GOLDEN SHORES BLVD. P.O. BOX 594 MIMS FL 32754 MIMS FL 32754 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Walter CALHOLIN, BARBARA Street Address (P.O. Box Number is Not Acceptable) 5050 INTERNATIONAL AVE MIMS FL 32754 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. PD Walter N. King 2505. U.S. Huyr Oak Hill Fl 32759 TITLE ☐ Addition TITLE ▶ Delete CALHOUN, BARB NAME NAME 5050 INTERNATIONAL AVENUE STREET ADDRESS STREET ADDRESS MIMS FL 32754 CITY-ST-ZIP CITY-ST-ZIP V/D FRANK Scharfensfine P.O. BOX 494 ■ Delete TITLE ☐ Addition KING, RONNIE NAME 250 US #1 STREET ADDRESS STREET ADDRESS OAK HILL FL 32759 Scottsmoure Fl 32795 CITY-ST-ZIP CITY-ST-7IP 7/D Jeannie Morton Delete TITLE Addition TITLE PAGE, MARY L NAME NAME 2904 Temple Lane 5335 DIXIE WAY STREET ADDRESS STREET ADDRESS MIMS FL 32754 Mins, Fl 32754 CITY-ST-ZIP CITY-ST-7IP Change SID Kay Miller ray Miller 4000 Holder Park Rd ☐ Addition TITLE Delete TITLE CARLTON, CINDY NAME NAME 6767 LAUREL OAK STREET ADDRESS STREET ADDRESS MIMS FL 32754 CITY-ST-ZIP CITY-ST-ZIP B.G. Scott 4000 Golden Shores Blad Change Delete TITLE Addition KITTLES, BEN NAME NAME 3129 OLD DIXIE HWY. STREET ADDRESS STREET ADDRESS MIMS FL 32754 Jims Fl 32754 CITY-ST-ZIP CITY-ST-7IP Barbara Calhoun **≥**KChange TITLE Delete TITLE [] Addition NAME NAME 5050 International Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

WALTER R. KING 4-28-04 386-345-3600