


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90062 027 ****61.25

DOCUMENT # 705535			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KING, WALTER R 250 S. U.S. HWY 1 OAK HILL, FL 32759		Name <u>Roxanne Knox</u> Street Address (P.O. Box Number is Not Acceptable) <u>3050 Old Dixie Hwy</u> City <u>Mims</u> FL Zip Code <u>32754</u>	
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.			
SIGNATURE <u>Roxanne Knox</u> <u>Roxanne Knox - Treasurer</u> DATE <u>1/26/06</u>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME KING, WALTER R STREET ADDRESS 250 S. U.S. HWY CITY-ST-ZIP OAK HILL, FL 32759	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Scharfenstine, Frank STREET ADDRESS P.O. Box 494 CITY-ST-ZIP Scottsmeer, FL 32775	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME SCHARFENSTINE, FRANK STREET ADDRESS P.O. BOX 494 CITY-ST-ZIP SCOTTSMOOR, FL 32775	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Calhoun, Charles STREET ADDRESS 5050 International Ave. CITY-ST-ZIP MIMS, FL 32754	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME MORTON, JEANNIE STREET ADDRESS 2904 TEMPLE LANE CITY-ST-ZIP MIMS, FL 32754	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Roxanne Knox Martinolich STREET ADDRESS 3050 Old Dixie Hwy. CITY-ST-ZIP Mims, FL 32754	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME CARSWELL, CONNIE STREET ADDRESS P.O. BOX 5472 CITY-ST-ZIP TITUSVILLE, FL 32783	<input checked="" type="checkbox"/> Delete	TITLE D NAME Fulton, Billy STREET ADDRESS 3440 Todd Lane CITY-ST-ZIP MIMS, FL 32754	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SCOTT, B.G. STREET ADDRESS 4000 GOLDEN SHORES BLVD. CITY-ST-ZIP MIMS, FL 32754	<input checked="" type="checkbox"/> Delete	TITLE D NAME Carlton, Cindy STREET ADDRESS P.O. Box 171 CITY-ST-ZIP Scottsmeer FL 32775	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MILLER, GEORGE STREET ADDRESS 4000 HOLDER PARK RD CITY-ST-ZIP MIMS, FL 32754	<input checked="" type="checkbox"/> Delete	TITLE D NAME Fitzgerald, Tom STREET ADDRESS 4542 Whiskey Lane CITY-ST-ZIP Mims, FL 32754	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE: <u>Roxanne Knox Martinolich</u>		Date <u>1/26/06</u> 321 - 223-1141	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	