


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90078 043 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KING, WALTER R
250 S. U.S. HWY 1
OAK HILL, FL 32759

SCHARFENSTINE, FRANK
POB 499
SCOTTSMOOR FL 32775 →


7. Name and Address of New Registered Agent

Name **Frank Scharfenstine**

Street Address (P.O. Box Number is Not Acceptable)
4000 Golden Shores Blvd

City **MIMS** FL Zip Code **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.

SIGNATURE  **Frank Scharfenstine** 1/22/07

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

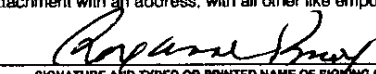
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INE SCHARFENSTINE, FRANK P.O. BOX 494 SCOTTSMOOR, FL 32775	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALHOUN, CHARLES 5050 INTERNATIONAL AVE. MIMS, FL 32754	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNOX MARTINOLICH, ROXANNE 3050 OLD DIXIE HWY MIMS, FL 32754	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULTON, KELLY 3440 TODD LANE MIMS, FL 32754	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, CINDY P.O. BOX 171 SCOTTSMOOR, FL 32775	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, TOM 4542 WHISKEY LANE MIMS, FL 32754	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  **Roxanne Knox** 1/22/07 321-223-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #