

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705535

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: NORTH BREVARD HORSEMAN'S CLUB, INC.

## Current Principal Place of Business:

4255 GOLDEN SHORES BLVD.  
MIMS, FL 32754 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 594  
MIMS, FL 32754 US

## New Mailing Address:

P.O. BOX 594  
MIMS, FL 32754 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHARFENSTINE, FRANK  
4000 GOLDEN SHORES BLVD  
MIMS, FL 32754 US

## Name and Address of New Registered Agent:

CALHOUN, CHARLIE  
4000 GOLDEN SHORES BLVD  
MIMS, FL 32754 US

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.

SIGNATURE: CHARLIE CALHOUN

02/05/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHARFENSTINE, FRANK  
Address: P.OL BOX 494  
City-St-Zip: SCOTTSMOOR, FL 32775

Title: VD ( ) Delete  
Name: CALHOUN, CHARLES  
Address: 5050 INTERNATIONAL AVE.  
City-St-Zip: MIMS, FL 32754

Title: TD ( ) Delete  
Name: KNOX MARTINOLRCH, ROXANNE  
Address: 3050 OLD DIXIE HWY  
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete  
Name: FULTON, KELLY  
Address: 3440 TODD LANE  
City-St-Zip: MIMS, FL 32754

Title: D (X) Delete  
Name: CARLTON, CINDY  
Address: P.O. BOX 171  
City-St-Zip: SCOTTSMOOR, FL 32775

Title: D (X) Delete  
Name: FITZGERALD, TOM  
Address: 4542 WHISKEY LANE  
City-St-Zip: MIMS, FL 32754

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CALHOUN, CHARLIE  
Address: 5050 INTERNATIONAL DRIVE  
City-St-Zip: MIMS, FL 32754

Title: VD (X) Change ( ) Addition  
Name: THOMPSON, JIM  
Address: P.O. BOX 589  
City-St-Zip: MIMS, FL 32754

Title: TD (X) Change ( ) Addition  
Name: KNOX -MARTINOLICH, ROXANNE  
Address: 3050 OLD DIXIE HWY  
City-St-Zip: MIMS, FL 32754

Title: D (X) Change ( ) Addition  
Name: CARLTON, CINDY  
Address: P.O. BOX 171  
City-St-Zip: SCOTTSMOOR, FL 32775

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANNE KNOX-MARTINOLICH

TD

02/05/2008

Electronic Signature of Signing Officer or Director

Date