

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705535

FILED
Jan 20, 2009
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:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

THOMPSON, JIM
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: JIM THOMPSON

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: GORMAN, GREG
Address: 5440 DIXIE WAY
City-St-Zip: SCOTTSMOOR, FL 32775

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

Title: D (X) Change () Addition
Name: GERRY, ESTER
Address: 3435 TEAL ST.
City-St-Zip: MIMS, FL 32754

Title: D () Change (X) Addition
Name: BURKE, BABETTE
Address: 3337 KYZER ST.
City-St-Zip: MIMS, FL 32754

Title: D () Change (X) Addition
Name: FUNK, LAURA
Address: 20 GRACE ST.
City-St-Zip: TITUSVILLE, FL 32780

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

01/20/2009

Electronic Signature of Signing Officer or Director

Date