

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705535

FILED
Feb 27, 2011
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: 59-3244318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOX-MARTINOLICH, ROXANNE
3050 OLD DIXIE HWY.
MIMS, FL 32754 US

Name and Address of New Registered Agent:

CALHOUN, BARBARA
5050 INTERNATIONAL AVE
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: BARBARA L. CALHOUN

02/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CALHOUN, BARBARA
Address: 5050 INTERNATIONAL AVE
City-St-Zip: MIMS, FL 32754

Title: VD
Name: SCHARFENSTINE, FRANK
Address: 6350 DIXIE WAY
City-St-Zip: SCOTTSMOOR, FL 32754

Title: TD
Name: SEYMORE, MARLENE
Address: 3255 CARTER RD
City-St-Zip: MIMS, FL 32754

Title: D
Name: WHITEAKER, GLORIA
Address: 4005 HAMMOCK RD
City-St-Zip: MIMS, FL 32754

Title: D
Name: BENNET, DAWNA
Address: 5115 BLOUNTS RIDGE
City-St-Zip: MIMS, FL 32754

Title: D
Name: FULTON, KELLY
Address: 3440 TODD LN
City-St-Zip: MIMS, FL 32754

I hereby 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 all other like empowered.

SIGNATURE: BARBARA L. CALHOUN

PD

02/27/2011

Electronic Signature of Signing Officer or Director

Date