

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State
 07-26-1999 90014 007 ****70.00



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000001468**

1. Corporation Name
THOROUGHbred RETIREMENT FOUNDATION, INC.



Principal Place of Business: 1050 STATE HWY 35 #351 SHREWSBURY NJ 07702
 Mailing Address: 1050 STATE HWY 35 #351 SHREWSBURY NJ 07702

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/21/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	13-3132741	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, ELLIE 3863 WOODS WALK BLVD LAKE WORTH FL 33467				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			85 Zip Code
			FL				

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEHLER, MONIQUE S	1.2 NAME	
STREET ADDRESS	174 DEEPPDALE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN NJ 07748	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDON, DEBORAH	2.2 NAME	
STREET ADDRESS	410 EE 57TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NY-NY -10022	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODES, CAROL	3.2 NAME	
STREET ADDRESS	66 STAGHORN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MATAWAN NJ 07747	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELDEN, JAMES	4.2 NAME	
STREET ADDRESS	520 SWEET WOOD WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENERY, PENNY	5.2 NAME	
STREET ADDRESS	825 WALNUT HILL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40515	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURST, ALAN	6.2 NAME	
STREET ADDRESS	MILLBROOK RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW VERNON NJ 08816	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **Raymond G. Ray** Treasurer 7/9/99 732-957-0182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)