

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001468

FILED
Mar 24, 2009
Secretary of State

Entity Name: THOROUGHBRED RETIREMENT FOUNDATION, INC.

Current Principal Place of Business:

178 ELM STREET
SUITE 4
SARATOGA SPRINGS, NY 12866

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3387
SARATOGA SPRINGS, NY 12866

New Mailing Address:

FEI Number: 13-3132741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ELLIE
3863 WOODS WALK BLVD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBBINS, LANSDON
Address: 1420 CHEROKEE ROAD
City-St-Zip: LOUISVILLE, KY 40204 US

Title: D () Delete
Name: MILLER, JOHNATHAN
Address: P.O. BOX 156
City-St-Zip: PAEONIAN SPRINGS, VA 20129 US

Title: D () Delete
Name: PIKULSKI, DIANA
Address: 125 MADISON STREET
City-St-Zip: SARATOGA, NY 12866 US

Title: T/D () Delete
Name: RAINEY, JOHN
Address: 402 BOULEVARD
City-St-Zip: ANDERSON, SC 29621

Title: S/D () Delete
Name: FINLEY, SUSAN
Address: 27 MONMOUTH STREET
City-St-Zip: RED BANK, NJ 07701 US

Title: D () Delete
Name: BRIGGS, ALAN
Address: PO BOX 669
City-St-Zip: OCALA, FL 34478 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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: DIANA PIKULSKI

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date