

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N36704** (7)

1. Corporation Name  
**FLORIDA THOROUGHBRED CHARITIES, INC.**



Principal Place of Business: **C/O MARGARET PALMER, 4727 NW 80TH AVENUE, OCALA FL 34482**  
Mailing Address: **C/O MARGARET PALMER, 4727 NW 80TH AVENUE, OCALA FL 34482**

3. Date Incorporated or Qualified: **02/16/1990**  
3a. Date of Last Report: **02/02/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2991947		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

**PALMER, MARGARET  
828 SE FT. KING STREET  
OCALA FL 34471**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MILLER, LEVERETT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CR 329	1.2 NAME	
STREET ADDRESS	FAIRFIELD FL 32634	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD SILVER, STEVE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1516 SE 23RD AVENUE	2.2 NAME	
STREET ADDRESS	OCALA FL 34478	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD HANCOCK, RICHARD E.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4727 NW 80TH AVENUE	3.2 NAME	
STREET ADDRESS	OCALA FL 34482	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Richard E. Hancock* Date: **1/24/96** Daytime Phone #: **352-629-2160**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)