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

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Date

Daytime Phone # 0066111

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N36704

(7)

## FLORIDA THOROUGHBRED CHARITIES, INC.

Principal Place	of Business	Mailing Address				4 Salbital mag rista birli rabst pasti atat billin arati atati atati atati				
C/O MARGARET	AVENUE	C/O MARGARET PALMER 4727 NW 80TH AVENUE OCALA FL 34482-3031								
OCALA FL 34482		OCALA FL 34482-2031			3. Date incorporated or Qualified 02/16/1990	3a. Date of Last Report 01/29/1996				
	ace of Business	2a. Mailing Address				4, FEI Number 59-2991947		Applied For Not Applicable		
Suite, Apt. I	¥. etc.	Suite, Apt. #, etc.			<del></del>	SR 75 Additional				
22		27				5. Certificate of Status Desired		Fee Required		
City & State	City & State				6. Election Campaign Financing		\$5.0	00 May Be		
23		28				Trust Fund Contribution Added to Fees				
Zip	Country Zip C			ountry	o. This corporation ride liability to missing the circle of the corporation			er s. 199.032,		
24	25 29					Florida Statutes Yes No				
	9. Name and Address of Curren	it Registered Agent		81	Nome	10. Name and Address of New Re	jistered A	gent	<del></del>	
				011	Name					
PALMER, MARGARET				82	Street Address (P.O. Box Number is Not Acceptable)					
828 SE FT. KING STREET OCALA FL 34471				. 83			· · · · · · · · · · · · · · · · · · ·			
OUALA I	C STITE							T T		
				84	City		FL	85 Z	Zip Code	
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the	above	-named c	corporation submits this statement for the p	urpose of	changin	g its registered	
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligi	of Florida. Such change was ations of, Section 617.0503, Fl	authoriz Iorida Sti	ed by atutes	the corpo i.	oration's board of directors. I hereby accept	t the appo	intment	as registered	
SIGNATURE _	Signature: typed or printed name of registered age	ent and title of applicable (NO	TF: Register	red Age	of signature re	eguired when reinstating)	DATE	•	,,	
12.				13.		ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1,1	TITLE	T			Chan	ge Addition	
NAME	MILLER, LEVERETT		1.2 NAM		}					
STREET ADDRESS	CR 329		1.3	1.3 STREET ADDRESS						
CITY-ST-ZIP	FAIRFIELD FL 32634	ELD FL 32634 1.4		1.4 CITY+ST-ZIP						
TITLE	SD □ DELETE 2:1		2.1 TITLE				Chan	ge		
NAME	silver, steve		2.2 NAM							
STREET ADDRESS	1516 SE 23RD AVENUE		2.3 STREET A		ADDRESS					
CITY-ST-IP	OCALA FL 34478		2. 4 CITY - ST- ZIP		ST-ZIP			-		
TITLE	TD	☐ DELETE	3.2 NA					Chan	ge L Addition	
NAME	HANCOCK, RICHARD E.									
STREET ADDRESS	4727 NW 80TH AVENUE		3.3 STREET ADD		ADDRESS					
CITY-ST-ZIP	OCALA FL 34482			3.4. CITY-ST-ZIP				T Ob.	an Familia	
TITLE	<del>""</del>		4.1 TITLE				Chan	ge L Addition		
NAME				NAME						
STREET ADDRESS			"-		ADDRESS					
CHTY-ST-ZIP THTLE				4.4 City-\$t-zip 5.1 Title				Chan	ge Addition	
			5.1 IIILE 5.2 NAME				\$11811	90 <u> </u>		
NAME ethicit annocce					ADORESS					
STREET ADDRESS				CITY-S						
CITY-ST-ZIP TITLE				TITLE	1 - LIF			Chan	ge Addition	
NAME				NAME	-					
STREET ADDRESS			- 1		ADDRESS					
CITY-ST-ZIP			1	CITY-S						
SA Lido bosob	by certify that the information supplie	d with this filing does not qual	lifu for th	0.000	motion et	ated in Section 119.07(3)(i), Florida Statute	. I further	certify t	hat the	
information Lam an of appears in	n indicated on this annual report or s ficer or director of the corporation of n Block 12 or Block 12 if changed, o	supplemental annual report is rithe receiver or trustee empor rion an attachment with an ac	true and wered to idress.	acci exec	rate and t ute this re	that my signature shall have the same lega eport as required by Chapter 617, Florida S	l effect as tatutes; ar	if made id that n	under oath; that ny name	