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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

001622

CR2E037 (11/98)

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N36704 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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/16/1990 4. FEI Number 59-2991947 Applied For <input type="checkbox"/> Not Applicable	
24		25		29	
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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 rechartering) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME MILLER, LEVERETT STREET ADDRESS CR 329 CITY-ST-ZIP FAIRFIELD FL 32634	<input type="checkbox"/> DELETE		11 TITLE President /D 12 NAME Steven A Silver 13 STREET ADDRESS 1516 SE 23rd Avenue 14 CITY-ST-ZIP Ocala FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SO NAME SILVER, STEVE STREET ADDRESS 1516 SE 23RD AVENUE CITY-ST-ZIP Ocala FL 34478	<input type="checkbox"/> DELETE		21 TITLE Vice President/D 22 NAME J. Michael O'Farrell Jr 23 STREET ADDRESS 4400 SW 27th Ave 24 CITY-ST-ZIP Ocala FL 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HANCOCK, RICHARD E. STREET ADDRESS 4727 NW 80TH AVENUE CITY-ST-ZIP Ocala FL 34482	<input type="checkbox"/> DELETE		31 TITLE Treasurer /D 32 NAME Richard E Hancock 33 STREET ADDRESS 4727 NW 80th Ave 34 CITY-ST-ZIP Ocala FL 34478	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		41 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		51 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		61 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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] SIGNATURE REQUIRED 1/6/99 352-629-2160
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #