

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705535

Entity Name: NORTH BREVARD HORSEMAN'S CLUB, INC.

Current Principal Place of Business:

4255 GOLDEN SHORES BLVD.
MIMS, FL 32754

Current Mailing Address:

P.O. BOX 594
MIMS, FL 32754 US

FEI Number: 59-3244318

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALHOUN, BARBARA
5050 INTERNATIONAL AVE
MIMS, FL 32754 US

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

Officer/Director Detail :

Title PD
Name CALHOUN, BARBARA
Address 5050 INTERNATIONAL AVE
City-State-Zip: MIMS FL 32754

Title VD
Name RUSHIN, SUSAN
Address 3630 PENNSYLVANIA AVE
City-State-Zip: MIMS FL 32754

Title D
Name CRAPPS, MISSI
Address 2675 BROCKETT ROAD
City-State-Zip: MIMS FL 32754

Title D
Name SCOTT, JACKIE
Address 4000 GOLDEN SHORE BLVD
City-State-Zip: MIMS FL 32754

Title D
Name MILLS, JULIE
Address 4445 BOSWNING AVE
City-State-Zip: TITUSVILLE FL 32780

Title D
Name MASLING, CAROL
Address 5150 US HIGHWAY 1 APT 1
City-State-Zip: MIMS FL 32754

Title SECRETARY
Name WATKINS, CINDY
Address 4554 WHISKEY LN
City-State-Zip: MIMS FL 32754

Title D
Name SCHARFENSTINE, CHERI
Address P.O.BOX 494
City-State-Zip: SCOTTSMOOR FL 32775

I hereby 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 all other like empowered.

SIGNATURE: BARBARA CALHOUN

PRESIDENT

05/30/2014

Electronic Signature of Signing Officer/Director Detail

Date