

**2020 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: Yes**

**Name and Address of Current Registered Agent:**

CALHOUN, BARBARA LU  
4255 GOLDEN SHORES  
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: BARBARA L. CALHOUN**

**03/03/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VD  
Name            SCOTT, JACKIE JACKIE SCOTT  
Address        PO BOX 594  
City-State-Zip: MIMS FL 32754

Title            OTHER  
Name            ALDERMAN, PAM PAM ALDERMAN  
Address        4000 GOLDEN SHORE BLVD  
City-State-Zip: MIMS FL 32754

Title            TREASURER  
Name            CALHOUN, BARBARA  
Address        PO BOX 594  
City-State-Zip: MIMS FL 32754

Title            SECRETARY  
Name            VABRINSKAS, SUSAN  
Address        4255 GOLDEN SHORES BLVD.  
City-State-Zip: MIMS FL 32754

Title            OTHER  
Name            HOLBROOK, JODEE  
Address        PO BOX 594  
City-State-Zip: MIMS FL 32754

*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 L. CALHOUN**

**PRESIDENT**

**03/03/2020**

Electronic Signature of Signing Officer/Director Detail

Date