

**2013 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 MISSI, CRAPPS  
Address 2675 BROCKETT ROAD  
City-State-Zip: MIMS FL 32754

Title VD  
Name BURKE, BABETTE  
Address 3337 KRYZER STREET  
City-State-Zip: MIMS FL 32754

Title TD  
Name GEORGE, PATTI  
Address 5150 US HIGHWAY 1  
City-State-Zip: MIMS FL 32754

Title D  
Name WHITEAKER, GLORIA  
Address 4005 HAMMOCK RD  
City-State-Zip: MIMS FL 32754

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

Title D  
Name HAWK, DARLENE  
Address 3900 RICHY RD  
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: PATTI GEORGE**

**TREASURER**

**04/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date