

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003398

Entity Name: GULFSTREAM PARK THOROUGHBRED AFTER RACING PROGRAM, INC.

FILED
May 01, 2024
Secretary of State
2294731253CC

Current Principal Place of Business:

3051 NE 213TH STREET
AVENTURA, FL 33180

Current Mailing Address:

3051 NE 213TH STREET
AVENTURA, FL 33180 US

FEI Number: 45-2466591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DONNA MOCH

05/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name CLARK, STACIE
Address 901 S FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name ROGERS, MICHAEL
Address 901 S FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR. PRESIDENT
Name BADGETT, WILLIAM
Address 901 S FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title D
Name MATTHEWS, PHILIP
Address 9430 S. MAGNOLIA AVE
City-State-Zip: OCALA FL 34476

Title DIRECTOR
Name FERNUNG, BRENT
Address 901 S. FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name O'FARRELL, MICHAEL
Address 901 S. FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name POWELL, LONNY
Address 901 S FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR, SECRETARY
Name HOLMES, SHERI
Address 901 N. FEDERAL HIGHWAY
City-State-Zip: HALLANDALE BEACH FL 33009

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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: NICOLE WALKER

DIRECTOR

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, TREASURER
Name ADAMS, JOSHUA
Address 901 S FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name O'FARRELL, MIKE
Address 901 S FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name WALKER, NICOLE
Address #2-95 ERIC T SMITH WAY
City-State-Zip: AURORA ON L4G 0Z6