#### **2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002941

Entity Name: JUPITERFARMS HORSEMEN'S ASSOCIATION, INC.

FILED
Apr 23, 2018
Secretary of State
CC6734491242

### **Current Principal Place of Business:**

167 SAND PINE DR. JUPITER. FL 33477

## **Current Mailing Address:**

P.O. BOX 2613 JUPITER, FL 33458

FEI Number: 65-0672042 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SHAFAROW, LINDA 167 SAND PINE DRIVE JUPITER, FL 33477 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: LINDA SHAFAROW 04/23/2018

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRESIDENT Title	VP
-----------------------	----

 Name
 JOHNSON, CHRIS
 Name
 WALTER, CAROL

 Address
 P.O. BOX 2613
 Address
 P.O. BOX 2613

 City-State-Zip:
 JUPITER FL 33458
 City-State-Zip:
 JUPITER FL 33458

Title TREASURER Title SECRETARY

 Name
 SHAFAROW, LINDA
 Name
 ANDERSON, JULES

 Address
 P.O. BOX 2613
 Address
 P.O. BOX 2613

 City-State-Zip:
 JUPITER FL 33458
 City-State-Zip:
 JUPITER FL 33458

Title DIRECTOR Title DIRECTOR

Name JOHN, CLAUDIA Name BUCHANAN, BETHANY

Address P.O. BOX 2613 Address P.O. BOX 2613

City-State-Zip: JUPITER FL 33458 City-State-Zip: JUPITER FL 33458

Title DIRECTOR Title DIRECTOR Name LONG, SUE MOSS, DAMON Name P.O. BOX 2613 Address Address P.O. BOX 2613 City-State-Zip: JUPITER FL 33458 JUPITER FL 33458 City-State-Zip:

Continues on page 2

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: LINDA SHAFAROW TREASURER 04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR
Name BRITT, KYLIE
Address P.O. BOX 2613

City-State-Zip: JUPITER FL 33458