The above named	entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of F	Florida.
SIGNATURE	: MARY K MCDERMOTT			04/29/2021
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	TREASURER	Title	SECRETARY	
Name	MCDERMOTT, MARY K	Name	HENGEL, KIMBERLY	
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	BRITT, KYLIE	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	HOWELL, CARLY	Name	WALSH, MCKAYLA	
Address	P.O. BOX 2613	Address	P.O. BOX 2613	
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458	
Title	DIRECTOR			
Name	WARING, MEREDITH			
Address	P.O. BOX 2613			
City-State-Zip:	JUPITER FL 33458			

Name and Address of Current Registered Agent:

MCDERMOTT, MARY K 16528 TEMPLE BLVD LOXAHATCHEE, FL 33470 US

DOCUMENT# N9600002941

Entity Name: JUPITERFARMS HORSEMEN'S ASSOCIATION, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

16528 TEMPLE BLVD LOXAHATCHEE, FL 33470

Current Mailing Address:

P.O. BOX 2613 JUPITER, FL 33458 US

FEI Number: 65-0672042

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: MCDERMOTT, MARY K

TREASURER

04/29/2021

Electronic Signature of Signing Officer/Director Detail

FILED Apr 29, 2021 Secretary of State 5185494845CC

Certificate of Status Desired: No

Date