

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 08, 2022
Secretary of State
4360868764CC

Entity Name: THOROUGHBRED RETIREMENT FOUNDATION, INC.

Current Principal Place of Business:

10 LAKE AVENUE
SARATOGA SPRINGS, NY 12866

Current Mailing Address:

POST OFFICE BOX 834
SARATOGA SPRINGS, NY 12866 US

FEI Number: 13-3132741

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT, LLC
7901 4TH ST N - STE. 300
ST. PETERSBURG, FL 33702 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 DIRECTOR
Name HALE, LEONARD
Address 10 LAKE AVENUE
 2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title TREASURER
Name HOLMES, LARRY
Address 10 LAKE AVENUE
 2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title PRESIDENT
Name MACKAY, PATRICK
Address 10 LAKE AVENUE
 2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name O'CAIN, SUZIE
Address 10 LAKE AVENUE
 2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title ASSISTANT TREASURER
Name SAYLOR, PAUL
Address 10 LAKE AVENUE
 2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title EXECUTIVE DIRECTOR
Name STICKNEY, PATRICIA
Address 10 LAKE AVENUE
City-State-Zip: SARATOGA SPRINGS NY

Title DIRECTOR
Name WOLFENDALE-MORLEY, MAGGIE
Address 10 LAKE AVENUE
 2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name MEITTINIS, NICHOLAS
Address 10 LAKE AVENUE
City-State-Zip: SARATOGA SPRINGS NY 12866

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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: PATRICIA STICKNEY

EXECUTIVE DIRECTOR

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name CANINE, JOHN B ESQ.
Address 10 LAKE AVENUE
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name MOTION, ANITA
Address 10 LAKE AVENUE
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name STEIN, SARAH
Address 10 LAKE AVENUE
City-State-Zip: SARATOGA SPRINGS NY 12866