

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90337 011 ****61.25

DOCUMENT # 743407

1. Entity Name
PALATKA HORSEMEN'S CLUB, INC.



Principal Place of Business
**SOUTH OF STATE ROAD 20
P.O. BOX 672
PALATKA, FL 32178-0672**

Mailing Address
**SOUTH OF STATE ROAD 20
P.O. BOX 672
PALATKA, FL 32178-0672**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1934882

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELOACH, GEORGE
WHISPERING WINDS RD 118
PALATKA, FL 32177**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George DeLoach

4-26-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **HECKMAN, CHERYL**
STREET ADDRESS **3071 BROWN'S LANDING RD**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **T/D** ☐ Change ☒ Addition
NAME **Billie Herrington**
STREET ADDRESS **PO Box 504 (111 South Oakland)**
CITY-ST-ZIP **San Mateo, FL 32187**

TITLE **PD** ☐ Delete
NAME **MIKE, TENNENBERG**
STREET ADDRESS **219 S R 100 EAST**
CITY-ST-ZIP **SAN MATEO, FL 32187**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HARRINGTON, BILLIE**
STREET ADDRESS **111 SO. OAKLAND**
CITY-ST-ZIP **SAN MATEO, FL 32187**

TITLE **S/D** ☐ Change ☒ Addition
NAME **Kelly Harris**
STREET ADDRESS **115 Lincoln St**
CITY-ST-ZIP **Satsuma, FL 32189**

TITLE **D** ☐ Delete
NAME **TENNENBERG, MARY**
STREET ADDRESS **219 SR 100 EAST**
CITY-ST-ZIP **SAN MATEO, FL 32187**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **DELOACH, GEORGE**
STREET ADDRESS **118 WSPERING WINDS RD**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ ☐ Delete
NAME **CARPENTER, LUEILLE**
STREET ADDRESS **1360 HWY 19 S**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **D** ☒ Change ☐ Addition
NAME **Carpenter, Lucille**
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Billie Herrington *April 26, 2006*