

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743407

FILED
Apr 30, 2007
Secretary of State

Entity Name: PALATKA HORSEMEN'S CLUB, INC.

Current Principal Place of Business:

SOUTH OF STATE ROAD 20
P.O. BOX 672
PALATKA, FL 321780672

New Principal Place of Business:

181 HORSEMAN'S CLUB ROAD
PALATKA, FL 32177

Current Mailing Address:

SOUTH OF STATE ROAD 20
P.O. BOX 672
PALATKA, FL 321780672

New Mailing Address:

PO BOX 672
PALATKA, FL 321780672

FEI Number: 59-1934882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HERRINGTON, BILLIE
Address: PO BOX 504/111 SOUTH OAKLAND
City-St-Zip: SAN MATEO, FL 32187

Title: PD () Delete
Name: MIKE, TENNENBERG
Address: 219 S R 100 EAST
City-St-Zip: SAN MATEO, FL 32187

Title: SD () Delete
Name: HARRIS, KELLY
Address: 115 LINCOLN ST
City-St-Zip: SATSUMA, FL 32189

Title: D () Delete
Name: TENNENBERG, MARY
Address: 219 SR 100 EAST
City-St-Zip: SAN MATEO, FL 32187

Title: DV () Delete
Name: DELOACH, GEORGE
Address: 118 WHISPERING WINDS RD
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: CARPENTER, LUCILLE
Address: 1360 HWY 19 S
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BILLIE HERRINGTON

TD

04/30/2007

Electronic Signature of Signing Officer or Director

Date