

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743407

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: PALATKA HORSEMEN'S CLUB, INC.

## Current Principal Place of Business:

181 HORSEMAN'S CLUB ROAD  
PALATKA, FL 32177

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 672  
PALATKA, FL 321780672

## New Mailing Address:

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:

HERRINGTON, BILLIE  
127 RIO VISTA AVE  
EAST PALATKA, FL 32131 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: BILLIE HERRINGTON

04/13/2009

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: SD (X) Change ( ) Addition  
Name: TERRELL, MISSY  
Address: 5800 CR 305  
City-St-Zip: BUNNELL, FL 32110

Title: ( ) Change ( ) Addition  
Name:  
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

T D

04/13/2009

Electronic Signature of Signing Officer or Director

Date