


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90053 041 ****61.25

DOCUMENT # 756265 1. Entity Name THE FLORIDA THOROBRED FILLIES CLUB, INC.					
Principal Place of Business P.O. BOX 937 OCALA, FL 34478 US			Mailing Address P.O. BOX 937 OCALA, FL 34478 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2505936	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHOEFF, NATACEE 8750 NW 136TH AVE RD OCALA, FL 34482			7. Name and Address of New Registered Agent Name DEE A. WALTHER Street Address (P.O. Box Number is Not Acceptable) 1450 NW 109TH AVENUE City OCALA FL 34482		
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 <u><i>Dee A. Walther, Treasurer</i></u> 3-23-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P ISAACS, CENYO P.O. BOX 77134 OCALA, FL 34477	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEE A. WALTHER 1450 NW 109TH AVE. OCALA, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINCANT, KATE 16690 NW 128TH TER REDDFLAL, FL 32668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOROTHY WILLIAMS 3500 SW 54TH CT. OCALA, FL. 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NECHAMKIN, KATHRYN 5001 SW 20TH ST., #4611 OCALA FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANET DESTIO 2080 NW 55TH AVE. RD. OCALA, FL. 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOATH 6061 NW 125TH ST., RD REDDICK, FL 32686	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARON BANNING PO BOX 666 FAIRFIELD, FL 32634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NATALGE, SCHDEPF 8750 NW 130TH AVE RD OCALA, FL 34482	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANDY MONAHAN 2250 W HWY 316 CITRA, FL. 32113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARBOUR, SANDRA 18123 NW 150TH AVE. WILLISTON, FL 32640	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NANCY STEPHENS 2105 SW 41ST CT. OCALA, FL 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Dee A. Walther</i></u> DEE A. WALTHER 3-23-05 624-3051 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

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In case my penmanship is not legible, this is the new slate.

New Registered Agent:

Dee A. Walther, 1450 N.W. 109th Avenue, Ocala, FL. 34482

Changes to Officers:

T – Dee A. Walther, 1450 N.W. 109th Ave., Ocala, FL. 34482

S – Dorothy Williams, 3500 SW 54th Ct., Ocala, FL. 34474

P – Janet Destio, 2080 NW 55th Ave. Rd., Ocala, FL. 34482

VP – Sharon Banning, PO Box 666, Fairfield, FL. 32634

VP – Candy Monahan, 2250 West Hwy 316, Citra, FL. 32113

S – Nancy Stephens, 2105 SW 41st Ct., Ocala, FL. 34474

*On Entity name, there is not "The"
in our name -*
