

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 756265

1. Entity Name

THE FLORIDA THOROBRED FILLIES CLUB, INC.



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

05-01-2006 90301 049 ****61.25



1st MOORE CR2E037 (10/05)

Principal Place of Business		Mailing Address	
P.O. BOX 937 OCALA FL 34478 US		P.O. BOX 937 OCALA FL 34478 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALTHER, DEE A 1450 NW 109TH AVENUE OCALA FL 34482		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 DEE A. WALTHER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Dee A. Walthus 4-21-06

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALTHER, DEE A 1450 NW 109TH AVE OCALA FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, DOROTHY 3500 SW 54TH CT OCALA FL 34474	<input checked="" type="checkbox"/> Delete	VP Twardosky, BRETTE 9160 SW 9th Terr OCALA, FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESTIO, JANET 2080 NW 55TH AVE RD OCALA FL 34482	<input checked="" type="checkbox"/> Delete	P Ach Tenhagen, Catherine 3950 W Silver Springs Blvd OCALA, FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANNING, SHARON P.O. BOX 666 FAIRFIELD FL 32634	<input checked="" type="checkbox"/> Delete	AT Baratta Jo 11729 SE 72nd Ct. Rd BELLEVUE, FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONAHAN, CANDY 2250 W HWY 316 CITRA FL 32113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENS, NANCY 2105 SW 41ST CT OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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SIGNATURE: Dee A. Walthus - Dee A. Walthus 4-21-06 624-3051