

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90016 008 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-2505936

Applied For

Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

T ☐ Delete
NAME: WALTHER, DEE A
STREET ADDRESS: 1450 NW 109TH AVE
CITY- ST- ZIP: Ocala FL 34482

VP ☐ Delete
NAME: BRETTE, TWARDOSKY
STREET ADDRESS: 9160 SW 9TH TERR
CITY- ST- ZIP: Ocala FL 34476

P ☒ Delete
NAME: ACHTENHAGEN, CATHERINE
STREET ADDRESS: 3950 WEST SILVER SPRINGS BLVD
CITY- ST- ZIP: Ocala FL 34482

AT ☒ Delete
NAME: BARATTE, JO
STREET ADDRESS: 11729 51ST 72ND CT RD
CITY- ST- ZIP: BELLEVUE FL 34420

P ☐ Delete
NAME: MONAHAN, CANDY
STREET ADDRESS: 2250 W HWY 316
CITY- ST- ZIP: CITRA FL 32113

SVP ☐ Delete
NAME: STEPHENS, NANCY
STREET ADDRESS: 2105 SW 41ST CT
CITY- ST- ZIP: Ocala FL 34474

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

☐ Change ☒ Addition
NAME: Kim Medley
STREET ADDRESS: 3221 NE 142nd ST
CITY- ST- ZIP: Ocala, FL 34479

☐ Change ☒ Addition
NAME: DEE Edsall
STREET ADDRESS: 5325 SE 14th CT.
CITY- ST- ZIP: Ocala, FL 34480

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

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

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.

SIGNATURE: *Dee A. Walther* *Dee A. Walther* *2-28-07* *352*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #