2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90033 043 ****61.25

DOCUMENT # 756265

1. Entity Name

THE FLORIDA THOROBRED FILLIES CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 937 OCALA FL 34478 US	P.O. BOX 937 OCALA FL 34478 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
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 Dee A. Walther Dee A. Walther 1-29-2008
Signature, type or print 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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALTHER, DEE A 1450 NW 109TH AVE OCALA FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRETTE, TWARDOSKY 9160 SW 9TH TERR OCALA FL 34476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MEDLEY, KIM 2221 NE 42ND ST OCALA FL 34479	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EDSALL, DEE 5325 SE 14TH CT OCALA FL 34480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Ingberg, Sharon 13201 NW Gainesville Rd Reddick, FL 32686 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MONAHAN, CANDY 2250 W HWY 316 CITRA FL 32113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Lightner, Sherrie PO Box 770549 OCALA, FL 34477 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEPHENS, NANCY 2105 SW 41ST CT OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Dee A. Walther, Dee A. Walther 1-29-2008 352-624-3051