

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756265

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE FLORIDA THOROBRED FILLIES CLUB, INC.

Current Principal Place of Business:

P.O. BOX 937
OCALA, FL 34478 US

New Principal Place of Business:

1450 NW 109TH AVE
OCALA, FL 34482 US

Current Mailing Address:

P.O. BOX 937
OCALA, FL 34478 US

New Mailing Address:

1450 NW 109TH AVE.
OCALA, FL 34482 US

FEI Number: 59-2505936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTHER, DEE A
1450 NW 109TH AVENUE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WALTHER, DEE A
Address: 1450 NW 109TH AVE
City-St-Zip: Ocala, FL 34482

Title: VP () Delete
Name: BRETTE, TWARDOSKY
Address: 9160 SW 9TH TERR
City-St-Zip: Ocala, FL 34476

Title: S () Delete
Name: MEDLEY, KIM
Address: 2221 NE 42ND ST
City-St-Zip: Ocala, FL 34479

Title: S () Delete
Name: MAHORG, SHARON
Address: 13201 NW GAINESVILLE RD
City-St-Zip: REDDICK, FL 32686

Title: VP () Delete
Name: LIGHTNER, SHERIE
Address: POB 770549
City-St-Zip: Ocala, FL 34477

Title: P () Delete
Name: STEPHENS, NANCY
Address: 2105 SW 41ST CT
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BRETTE, TWARDOSKY
Address: 9160 SW 9TH TERR
City-St-Zip: Ocala, FL 34476

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MAHARG, SHARON
Address: 13201 NW GAINESVILLE RD
City-St-Zip: REDDICK, FL 32686

Title: VP (X) Change () Addition
Name: BUETOW, DENI
Address: 24 NEVER BEND DRIVE
City-St-Zip: Ocala, FL 34482

Title: AT (X) Change () Addition
Name: SCHOEPP, NATALIE
Address: P.O. BOX 770057
City-St-Zip: Ocala, FL 34477 00

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: DEE A. WALTHER

TR

04/16/2009

Electronic Signature of Signing Officer or Director

Date