2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # 757767** 04-09-2004 90031 012 \*\*\*\*61.25 SOUTH FLORIDA TROTTING CENTER, INC. Mailing Address Principal Place of Business 1801 S. FEDERAL HWY SUITE 300 7563 STATE ROAD 7 dillionza LAKE WORTH FL 33467 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2098051 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ------CHERRY, ERIC Street Address (P.O. Box Number is Not Acceptable) 1801 S. FEDERAL HWY #300 DELRAY BEACH FL 33483 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Addition Delete TITLE TITLE DAISEY, GENE E NAME NAME 5505 FAIRWAY PARK DR #205 STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33437 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE CHERRY, ERIC NAME NAME 1801 S. FEDERAL HWY #300 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-ZIP SD -- Delete ☐ Change ☐ Addition TIT! F TITLE CHERRY, VERONICA NAME 1801 S. FEDERAL HWY #300 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change | ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP □ Chance Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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 eport is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

R OR DIRECTOR

3-26-04

561-272-5667

**FILED**