

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 17, 2011
Secretary of State

Entity Name: FLORIDA THOROUGHBRED RETIREMENT AND ADOPTIVE CARE PROGRAM INC

Current Principal Place of Business:

1219 S.W. IBIS ST.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1219 S.W. IBIS ST.
PALM CITY, FL 34990

New Mailing Address:

11294 W FOREST HILL BLVD.
STE 22-407
WELLINGTON, FL 33414

FEI Number: 27-3466408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOLINE, BARBI J
1219 S.W. IBIS ST.
PALM CITY, FL 34990 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: P
Name: COMBEST, PHIL
Address: 2101 S.W. 119TH AVE.
City-St-Zip: MIRAMAR, FL 33025

Title: VP
Name: FAWKES, CELIA
Address: 14100 S.W. 36TH CT.
City-St-Zip: DAVIE, FL 33330

Title: S
Name: MOLINE, BARBI
Address: 1219 S.W. IBIS ST.
City-St-Zip: PALMCITY, FL 34990

Title: T
Name: ROSE, BARRY
Address: 5790 S.W. 37TH TERR.
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby 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 all other like empowered.

SIGNATURE: BARBI MOLINE

S

02/17/2011

Electronic Signature of Signing Officer or Director

Date