2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N28215

Entity Name: THE FLORIDA HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION, INC.

Current Principal Place of Business:

21001 N.W. 27TH AVE.
OPA LOCKA, FL 330561461

New Principal Place of Business:

Current Mailing Address:

21001 N.W. 27TH AVE.
OPA LOCKA, FL 330561461

New Mailing Address:

FEI Number: 65-0135161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, BRUCE D
1313 S ANDREWS AVE
FORT LAUDERDALE, FL 33316 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: ED ( ) Delete
Name: STIRLING, KENT
Address: 8309 N.W. 19TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P ( ) Delete
Name: GORDON, SAMUEL
Address: 21001 NW 27 AVENUE
City-St-Zip: OPA LOCKA, FL 33056

Title: VP ( ) Delete
Name: COMBEST, PHIL
Address: 21001 NW 27 AVENUE
City-St-Zip: OPA LOCKA, FL 33056

Title: VP ( ) Delete
Name: WOLFSON, MARTY
Address: 21001 NW 27 AVENUE
City-St-Zip: OPA LOCKA, FL 33056

Title: VP ( ) Delete
Name: NYMAN, MICHAEL
Address: 21001 NW 27 AVENUE
City-St-Zip: OPA LOCKA, FL 33056

Title: T ( ) Delete
Name: ROSE, BARRY
Address: 21001 NW 27 AVENUE
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change ( ) Addition
Name: RITVO, TIM
Address: 21001 NW 27 AVENUE
City-St-Zip: OPA LOCKA, FL 33056

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

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

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: KENT H. STIRLING ED 04/17/2009

Electronic Signature of Signing Officer or Director — Date