2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2010
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
Name: STIRLING, KENT
Address: 8309 N.W. 19TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

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

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

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

Title: VP
Name: PENN, JOHN
Address: 21001 NW 27 AVENUE
City-St-Zip: OPA LOCKA, FL 33056

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

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: SAMUEL GORDON P 04/23/2010

Electronic Signature of Signing Officer or Director — Date