

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 19, 2011
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: 21001 NW 27 AVENUE
City-St-Zip: OPA LOCKA, FL 33056

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

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

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

Title: S
Name: KAPLAN, WILLIAM
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: KENT STIRLING

ED

09/19/2011

Electronic Signature of Signing Officer or Director

Date