2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N36704

Entity Name: FLORIDA THOROUGHBRED CHARITIES, INC.

Current Principal Place of Business:

801 SW 60TH AVE.
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

801 SW 60TH AVE.
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-2991947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANCOCK, RICHARD E
801 SW 60TH AVE.
OCALA, FL 34474 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: PD ( ) Delete
Name: SANAN, NADIA
Address: PO BOX 1260
City-St-Zip: SUMMERFIELD, FL 34492

Title: T ( ) Delete
Name: GILLIAM, MICHAEL
Address: 801 SW 60TH AVE.
City-St-Zip: OCALA, FL 34474

Title: ED ( ) Delete
Name: HANCOCK, RICHARD E
Address: 801 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete
Name: DIZNEY, DONALD R
Address: PO BOX 1100
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: CASSE, NORMAN E
Address: 14303 N. MAGNOLIA AVE.
City-St-Zip: CITRA, FL 32113

Title: S ( ) Delete
Name: DIMARE, SHEILA
Address: 2205 NW 110TH AVE
City-St-Zip: OCALA, FL 34482

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

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 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: MICHAEL K. GILLIAM T 01/04/2007
Electronic Signature of Signing Officer or Director — Date