

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36704

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**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  
Name: CAMPBELL, GILBERT G  
Address: PO BOX 381  
City-St-Zip: TYNGSBORO, MA 01852

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

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

Title: VP  
Name: BREI, FRED  
Address: 7600 N.W. 120TH STREET  
City-St-Zip: REDDICK, FL 32686

Title: D  
Name: O'FARRELL, J. MICHAEL, JR  
Address: P.O. BOX 818  
City-St-Zip: OCALA, FL 34478

Title: S  
Name: PARKS, DIANE  
Address: 12610 NORTH US HIGHWAY 27  
City-St-Zip: OCALA, FL 34482

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: RICHARD E HANCOCK

ED

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date