2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
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
Name: BREI, FRED
Address: 7600 N.W. 120TH STREET
City-St-Zip: REDDICK, FL 32686

Title: TD
Name: HEATH, BONNIE M III
Address: 7145 NW 125TH STREET ROAD
City-St-Zip: REDDICK, FL 32686

Title: VD
Name: FERNUNG, BRENT
Address: 5571 NW 100TH STREET
City-St-Zip: OCALA, FL 34482

Title: VD
Name: MATTHEWS, PHIL DVM
Address: 9420 S MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476

Title: SD
Name: DIMARI, SHEILA
Address: 2205 NW 110TH AVENUE
City-St-Zip: OCALA, FL 34482

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

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 04/28/2011

Electronic Signature of Signing Officer or Director — Date