

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49663

FILED
Apr 02, 2007
Secretary of State

Entity Name: FLORIDA THOROUGHBRED FARM MANAGERS, INC.

Current Principal Place of Business:

6998 NW HWY 27
STE 106B
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

6998 NW HWY 27
STE 106B
OCALA, FL 34482 US

New Mailing Address:

FEI Number: 59-3170467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOJACK, DEBRA S ED
6998 NW HWY 27
SUITE 106B
OCALA, FL 34482 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: CBD () Delete
Name: ISAACS, GEORGE G
Address: 8318 NW 90TH TERRACE
City-St-Zip: OCALA, FL 34482 US

Title: PRES () Delete
Name: JONES, BOBBY
Address: 5150 NW 160TH ST
City-St-Zip: REDDICK, FL 32686 US

Title: VP () Delete
Name: DI MARE, SHEILA
Address: 2205 NW 110 AVE
City-St-Zip: OCALA, FL 34482 US

Title: TRES () Delete
Name: FRIEDMAN, JAY
Address: 5425 22ND PLACE
City-St-Zip: OCALA, FL 34471 US

Title: () Delete
Name:
Address:
City-St-Zip:

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: SECR () Change (X) Addition
Name: WYATT, CRIS
Address: P.O. BOX 772301
City-St-Zip: OCALA, FL 34477

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: GEORGE G. ISAACS

CBD

04/02/2007

Electronic Signature of Signing Officer or Director

Date