


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000476 (9)**

1. Corporation Name

WOMEN'S THOROUGHbred ACTION LEAGUE, INC.

Principal Place of Business

Mailing Address

CALDER RACE COURSE
P.O. BOX 1808, CAROL CITY BRANCH
MIAMI FL 33055

CALDER RACE COURSE
P.O. BOX 1808, CAROL CITY BRANCH
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/25/1996

4. FEI Number

65-0499246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Calder Race Course

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 21001 NW 27th Ave.

27

City & State

City & State

23 Miami, FL

28

Zip

Country

Zip

Country

24 33056

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOLARIK, JEANNE M
9472 SW 52ND ST.
COOPER CITY FL 33328

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
President
1.2 NAME
Laura Frank
1.3 STREET ADDRESS
5134 S. University Dr.
1.4 CITY-ST-ZIP
Davie, FL 33328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
Vice President
2.2 NAME
Carla Carter
2.3 STREET ADDRESS
9020 NE 8th Ave. #3G
2.4 CITY-ST-ZIP
Miami Shores, FL 33138

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
Secretary
3.2 NAME
Donna Collie
3.3 STREET ADDRESS
6260 Terra Rosa Circle
3.4 CITY-ST-ZIP
Boynton Beach, FL 33437

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
Treasurer
4.2 NAME
Kathy Mongeon
4.3 STREET ADDRESS
1611 N. 29th Ct.
4.4 CITY-ST-ZIP
Hollywood, FL 33020

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
Director
5.2 NAME
Barbara Lewis
5.3 STREET ADDRESS
40 NE 196th St.
5.4 CITY-ST-ZIP
Miami, FL 33179

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
Director
6.2 NAME
Dolores Zavash
6.3 STREET ADDRESS
4100 E. Sailboat Dr.
6.4 CITY-ST-ZIP
Cooper City, FL 33026

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dolores Zavash SIGNATURE REQUIRED

8/17/97 954-436-7171

CR2E037 (4/97)