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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham 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 21001 NW 27TH AVE MIAMI FL 33056 US	CALDER RACE COURSE P.O. BOX 1808, CAROL CITY BRANCH MIAMI FL 33055

3. Date Incorporated or Qualified

01/25/1996

4. FEI Number

65-0499246

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

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	P	<input type="checkbox"/> DELETE
NAME	FRANK, LAURA	
STREET ADDRESS	5134 S UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL	

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANK, LAURA	
1.3 STREET ADDRESS	5134 S. University Dr.	
1.4 CITY-ST-ZIP	DAVIE, FL 33328	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MONGEON, KATHY	
STREET ADDRESS	1611 N 29TH CT	
CITY-ST-ZIP	HOLLYWOOD FL	

2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KOLARIK, JEANNE	
2.3 STREET ADDRESS	9472 SW 52ND ST.	
2.4 CITY-ST-ZIP	COOPER CITY, FL 33328	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, BARBARA	
STREET ADDRESS	40 NE 196TH ST	
CITY-ST-ZIP	MIAMI FL 33179	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAVASH, DOLORES	
STREET ADDRESS	4100 E SAILBOAT DR	
CITY-ST-ZIP	COOPER CITY FL 33026	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, CARLA	
STREET ADDRESS	9020 NE 8TH AVE. #3G	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Low e, Jacqueline	
5.3 STREET ADDRESS	1310 N. M St.	
5.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	

TITLE	S	<input type="checkbox"/> DELETE
NAME	COLLIE, DONNA	
STREET ADDRESS	6260 TERRA ROSE CIR.	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	

6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Collie, DONNA	
6.3 STREET ADDRESS	8260 Terra Rose Cir.	
6.4 CITY-ST-ZIP	BOYNTON Bch, FL 33437	

14. I 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:

[Signature] APR 14 1998 954-436-2171

CR2E037 (10/97)