


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000051
1. Entity Name
CALDER RACE COURSE EDUCATION FOUNDATION,
INC.



Principal Place of Business Mailing Address
21001 NW 27 AVE 21001 NW 27 AVE
MIAMI, FL 33056 MIAMI, FL 33056

DO NOT WRITE IN THIS SPACE



02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
31-1586608 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWTON, WILBUR E
225 S ADAMS STREET
SUITE 250
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

U00000056000
02/18/04-80033-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, C. KENNETH 21001 NW 27 AVE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ABES, MICHAEL 21001 NW 27 AVE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTH, RANDALL 21001 NW 27 AVENUE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Abes Michael D. Abes 2/12/04 305-625-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #