


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90030 029 \*\*\*\*61.25

<b>DOCUMENT # N98000000051</b>					
<b>1. Entity Name</b> CALDER RACE COURSE EDUCATION FOUNDATION, INC.					
<b>Principal Place of Business</b> 21001 NW 27 AVE MIAMI GARDENS, FL 33056			<b>Mailing Address</b> 21001 NW 27 AVE MIAMI GARDENS, FL 33056		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 31-1586608	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  BREWTON, WILBUR E 225 S ADAMS STREET SUITE 250 TALLAHASSEE, FL 32301				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> DUNN, C. KENNETH	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 21001 NW 27 AVE	MIAMI, FL 33056		<b>STREET ADDRESS</b>	Miami Gardens, FL 33056	
<b>CITY - ST - ZIP</b>	MIAMI, FL 33056		<b>CITY - ST - ZIP</b>	Miami Gardens, FL 33056	
<b>TITLE</b> VT	<b>NAME</b> ABES, MICHAEL	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 21001 NW 27 AVE	MIAMI, FL 33056		<b>STREET ADDRESS</b>	Miami Gardens, FL 33056	
<b>CITY - ST - ZIP</b>	MIAMI, FL 33056		<b>CITY - ST - ZIP</b>	Miami Gardens, FL 33056	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	MIAMI, FL 33056		<b>STREET ADDRESS</b>	Miami Gardens, FL 33056	
<b>CITY - ST - ZIP</b>	MIAMI, FL 33056		<b>CITY - ST - ZIP</b>	Miami Gardens, FL 33056	
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<b>STREET ADDRESS</b>	MIAMI, FL 33056		<b>STREET ADDRESS</b>	Miami Gardens, FL 33056	
<b>CITY - ST - ZIP</b>	MIAMI, FL 33056		<b>CITY - ST - ZIP</b>	Miami Gardens, FL 33056	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	MIAMI, FL 33056		<b>STREET ADDRESS</b>	Miami Gardens, FL 33056	
<b>CITY - ST - ZIP</b>	MIAMI, FL 33056		<b>CITY - ST - ZIP</b>	Miami Gardens, FL 33056	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Michael D. Abes</i>		Michael D. Abes		3/26/08 (305) 625-1311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	