

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008626

**Entity Name:** FLORIDA THOROUGHbred RETIREMENT AND ADOPTIVE  
CARE PROGRAM INC

**FILED**  
**Jun 01, 2015**  
**Secretary of State**  
**CC0361183167**

**Current Principal Place of Business:**

2740 SW MARTIN DOWNS BLVD  
STE. 110  
PALM CITY, FL 34990

**Current Mailing Address:**

2740 SW MARTIN DOWNS BLVD.  
STE 110  
PALM CITY, FL 34990

**FEI Number: 27-3466408**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MOLINE, BARBI J  
4975 SW LUDLUM ST  
PALM CITY, FL 34990 US

*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

**Officer/Director Detail :**

Title P  
Name COMBEST, PHIL  
Address 2101 S.W. 119TH AVE.  
City-State-Zip: MIRAMAR FL 33025

Title VP, DIRECTOR  
Name MOLINE, BARBI  
Address 4975 SW LUDLUM ST  
City-State-Zip: PALMCITY FL 34990

Title T  
Name ROSE, BARRY  
Address 5790 S.W. 37TH TERR.  
City-State-Zip: FORT LAUDERDALE FL 33312

*I hereby 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 all other like empowered.*

**SIGNATURE: BARBI MOLINE**

**VP, DIRECTOR**

**06/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date