

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008626

Entity Name: FLORIDA THOROUGHbred RETIREMENT AND ADOPTIVE CARE PROGRAM INC

Current Principal Place of Business:

6650 KANNER HWY
INDIANTOWN, FL 34956

Current Mailing Address:

GULFSTREAM PARK
901 S. FEDERAL HWY ATTN: FL TRAC
HALLANDALE BEACH, FL 33009 US

FEI Number: 27-3466408

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPO, PAUL J
GULFSTREAM PARK
901 S. FEDERAL HWY ATTN: FL TRAC
HALLANDALE BEACH, FL 33009 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: PAUL J CAMPO

01/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CAMPO, PAUL J
Address GULFSTREAM PARK
901 S. FEDERAL HWY ATTN: FL TRAC
City-State-Zip: HALLANDALE BEACH FL 33009

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

Title VP
Name ANTONUCCI, JENA M
Address GULFSTREAM PARK
901 S. FEDERAL HWY ATTN: FL TRAC
City-State-Zip: HALLANDALE BEACH FL 33009

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: JENA ANTONUCCI

VP

01/13/2018

Electronic Signature of Signing Officer/Director Detail

Date