

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008626

Entity Name: FLORIDA THOROUGHBRED RETIREMENT AND ADOPTIVE
CARE PROGRAM INC

FILED
Jun 09, 2016
Secretary of State
CC5830772573

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/EXECUTIVE
DIRECTOR**

06/09/2016

Electronic Signature of Signing Officer/Director Detail

Date