

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001468

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** THOROUGHbred RETIREMENT FOUNDATION, INC.

**Current Principal Place of Business:**

178 ELM STREET  
SUITE 4  
SARATOGA SPRINGS, NY 12866

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3387  
SARATOGA SPRINGS, NY 12866

**New Mailing Address:**

**FEI Number:** 13-3132741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, ELLIE  
3863 WOODS WALK BLVD  
LAKE WORTH, FL 33467 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBBINS, LANSDON  
Address: 1420 CHEROKEE ROAD  
City-St-Zip: LOUISVILLE, KY 40204 US

Title: D ( ) Delete  
Name: MILLER, JOHNATHAN  
Address: P.O. BOX 156  
City-St-Zip: PAEONIAN SPRINGS, VA 20129 US

Title: D ( ) Delete  
Name: PIKULSKI, DIANA  
Address: 125 MADISON STREET  
City-St-Zip: SARATOGA, NY 12866 US

Title: T/D ( ) Delete  
Name: RAINEY, JOHN  
Address: 402 BOULEVARD  
City-St-Zip: ANDERSON, SC 29621

Title: S/D ( ) Delete  
Name: FINLEY, SUSAN  
Address: 27 MONMOUTH STREET  
City-St-Zip: RED BANK, NJ 07701 US

Title: D ( ) Delete  
Name: BRIGGS, ALAN  
Address: PO BOX 669  
City-St-Zip: OCALA, FL 34478 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANA PIKULSKI

D

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date