NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700001468

1. Corporation Name

## THOROUGHBRED RETIREMENT FOUNDATION, INC.

Country

Principal Place of Business								
1050	STATE	HWY	35	#351				
SHRE	WSBUF	LN YE	07	702				

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

1050 STATE HWY 35 #351 SHREWSBURY NJ 07702

## FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90014 007 \*\*\*\*70.00



3. Date Incorporated or Qualifed 03/21/1997

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

13-3132741

office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and marmaliar with, and accept the obligations of, Section 617.0503, Pionida Statutes.    Signature   Signature	24	25)	29]	30			1	Trust Fund Contribution		to Fees	
JONES, ELLIE  3883 WOODS WALK BLVD LAKE WORTH FL 33467  44 City  FL  45 City  FL  46 City  FL  47 City  FL  48 City  FL  4		9. Name and Address of Curre	nt Registered Agent		Щ.			10. Name and Address of New R	egistered Agent		
3863 WOODS WALK BLVD LAKE WORTH FL 33467    Addition   Bas			<u>-</u>		81	Name					
3863 WOODS WALK BLVD LAKE WORTH FL 33467    Addition   Bas	IONES	CITIE			92	Ctroot A	ddross	(P.O. Poy Number is Not Accents	hla)		
LAKE WORTH FL 33467    34					62	Street A	(dares:	(P.O. Box Number is Not Accepta	ibie)		
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and an animaliar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or presed ware of registered agent and the if applicable.  (NOTE: Registered Agent signature required when reinvation)  DC					83						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Total	LAKE W	JHIH FL 3346/									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Doard of directors. I nerely accept interapholiminent as registered agent. I am familiar with, and accept the obligations of, Section 817,0503, Florida Statutes.  SignATURE  Signature, Typed or present name of magatized agent and star and accept the obligations of, Section 817,0503, Florida Statutes.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE DC					11	•			FL		
Signature, typed or period name of registered Agent algoritation. (NOTE: Repistered Agent algoritation here intentiting)	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE										
DC						signature re	quired wh			OPS IN 12	
NAME NAME KOEHLER, MONIQUE S 174 DEEPDALE DR 1.3 STREET ADDRESS 174 DEEPDALE DR 1.3 STREET ADDRESS 174 DEEPDALE DR 1.3 STREET ADDRESS 174 DEEPDALE DR 1.4 CITY-ST-ZIP  DV	12.							ADDITIONS/CHANGES TO OF			
TREET ADDRESS  174 DEEPDALE DR  MIDDLETOWN NJ 07748  1.4 CITY-ST-ZIP  MIDDLETOWN NJ 07748  LANDON, DEBORAH  LANDON, DEBORAH  410 EE 57TH ST  CITY-ST-ZIP  MITLE  DV  DELETE  2.1 MITLE  DV  DELETE  2.3 STREET ADDRESS  NY-NY-10022  1.1 TILE  DV  DELETE  3.1 TILE  DV  Change  Addition  Change  Change  Addition  Change  Change  Addition  Change  Addition  Change  Change  Addition  Change  Change  Change  Addition  Change  Change  Addition  Change  Change  Addition  Change  Change  Change  Addition  Change  Change  Addition  Change  Change  Change  Addition  Change  Change  Addition  Change  Change  Change  Change  Addition  Change  Change  Change  Change  Addition  Change	TITLE	DC	∐ D£	LETE 1.1	TITLE				□ Criange	L Addition	
MIDDLETOWN NJ 07748	NAME			1.2	NAME	ĺ					
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CITY-ST-ZIP NEW VERNON NJ 08816	STREET ADDRESS	MILLEDOOK DD		6.3	STREET	ADDRESS					
	CITY-ST-ZIP	r .		6.4	CITY-ST	-ZIP					

Country

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment of the address, with all other like empowered.

SIGNATURE

LE AND PIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/99

732-957-0182

2E037 (5/99)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable