

**2023 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F97000001468

**Entity Name:** THOROUGHbred RETIREMENT FOUNDATION, INC.**Current Principal Place of Business:**10 LAKE AVENUE  
SARATOGA SPRINGS, NY 12866**Current Mailing Address:**POST OFFICE BOX 834  
SARATOGA SPRINGS, NY 12866 US**FEI Number: 13-3132741****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REGISTERED AGENTS INC  
7901 4TH ST N - STE. 300  
ST. PETERSBURG, FL 33702 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: REGISTERED AGENTS****10/12/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HALE, LEONARD  
Address 10 LAKE AVENUE  
2ND FLOOR  
City-State-Zip: SARATOGA SPRINGS NY 12866

Title PRESIDENT  
Name MACKAY, PATRICK  
Address 10 LAKE AVENUE  
2ND FLOOR  
City-State-Zip: SARATOGA SPRINGS NY 12866

Title ASSISTANT TREASURER  
Name SAYLOR, PAUL  
Address 10 LAKE AVENUE  
2ND FLOOR  
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR  
Name WOLFENDALE-MORLEY, MAGGIE  
Address 10 LAKE AVENUE  
2ND FLOOR  
City-State-Zip: SARATOGA SPRINGS NY 12866

Title TREASURER  
Name HOLMES, LARRY  
Address 10 LAKE AVENUE  
2ND FLOOR  
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR  
Name O'CAIN, SUZIE  
Address 10 LAKE AVENUE  
2ND FLOOR  
City-State-Zip: SARATOGA SPRINGS NY 12866

Title EXECUTIVE DIRECTOR  
Name STICKNEY, PATRICIA  
Address 10 LAKE AVENUE  
City-State-Zip: SARATOGA SPRINGS NY

Title DIRECTOR  
Name MEITTINIS, NICHOLAS  
Address 10 LAKE AVENUE  
City-State-Zip: SARATOGA SPRINGS NY 12866

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*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: PATRICK MACKAY****PRESIDENT****10/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name CANINE, JOHN B ESQ.  
Address 10 LAKE AVENUE  
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR  
Name STEIN, SARAH  
Address 10 LAKE AVENUE  
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR  
Name MOTION, ANITA  
Address 10 LAKE AVENUE  
City-State-Zip: SARATOGA SPRINGS NY 12866